

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066602

1. Entity Name

ROBCO ASSOCIATES INC.

FILED

Apr 18, 2000 8:00 am  
Secretary of State

04-18-2000 90173 017 \*\*\*150.00

Principal Place of Business

273 S STATE RD 7  
MARGATE FL 33068  
US

Mailing Address

273 S STATE RD 7  
MARGATE FL 33068-5727  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0439068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OFSTEIN, ROBERT  
273 S STATE RD 7  
MARGATE FL 33068

7. Name and Address of New Registered Agent

Name

CAROLE OFSTEIN

Street Address (P.O. Box Number is Not Acceptable)

273 S. STATE RD. 7

City

MARGATE

FL

Zip Code

33068

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Carole Ofstein*

CAROLE OFSTEIN, PRES.

DATE

4/12/00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD  
NAME OFSTEIN, ROBERT  
STREET ADDRESS 1820 NW 97 AVE  
CITY-ST-ZIP CORAL SPRINGS FL ☒ Delete

TITLE VPTD  
NAME OFSTEIN, CAROLE  
STREET ADDRESS 1820 NW 97 AVE  
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carole Ofstein* CAROLE OFSTEIN, PRES.

Date

Daytime Phone #

CR2004 9/00