

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90087 050 ***150.00

DOCUMENT # **P 94000050136 (8)**
 1. Entity Name
Rob Florida Inc. ✓

Principal Place of Business Mailing Address
9300 HARBOR TERRACE 9300 HARBOR TERRACE
BAY HARBOR FL. 33154 BAY HARBOR FL 33154

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0503030** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ABITAN ROBERT
9300 BAY HARBOR TERRACE
BAY HARBOR FL 33154

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPVS	TITLE	
NAME	ABITAN ROBERT	NAME	
STREET ADDRESS	9300 HARBOR TERRACE	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL. 33154	CITY-ST-ZIP	
TITLE	T.	TITLE	
NAME	ABITAN ROBERT	NAME	
STREET ADDRESS	9300 HARBOR TERRACE	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL. 33154	CITY-ST-ZIP	
TITLE	V. P.	TITLE	
NAME	ELIZABETH ABITAN LASRY	NAME	
STREET ADDRESS	5621 JERICHOE ST.	STREET ADDRESS	
CITY-ST-ZIP	COTE ST-LUC MO. H4W 171	CITY-ST-ZIP	
TITLE	S.	TITLE	
NAME	ABITAN ALAIN	NAME	
STREET ADDRESS	5950 FREUD APT 15	STREET ADDRESS	
CITY-ST-ZIP	COTE ST-LUC P 2UE H4W 171	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ **02-20-2001** **305-867-9327**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)