

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092463

1. Entity Name

ROBBIE BROOKS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90144 023 ***150.00

Principal Place of Business

Mailing Address

1950 N.W. 39TH AVE.
COCONUT CREEK FL 33066
US

1950 N.W. 39TH AVE.
COCONUT CREEK FL 33066-3004
US

2. Principal Place of Business

3727 NW 62nd St.
Suite, Apt. #, etc.
Coconut Creek FL
City & State

3. Mailing Address

3727 NW 62nd St.
Suite, Apt. #, etc.
Coconut Creek
City & State FL

Zip 33073

Country USA

Zip 33073

Country USA

4. FEI Number

65-0541699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, ROBERT A
3671 CORAL TREE CIRCLE
COCONUT CREEK FL 33073

Name

Brooks, Robert A

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

3727 NW 62nd St.

City

Coconut Creek

FL

Zip

33073

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, ROBERT A	
STREET ADDRESS	1950 N.W. 39TH AVE.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brooks, Robert A	
STREET ADDRESS	3727 NW 62nd St.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

4/11/00

Date

954 970 4063

Daytime Phone #

CR2E034 (9/99)