

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90076 047 ***150.00

A0062801

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95-000020149			
1. Entity Name ROBINDALE SUITE, INC.			
Principal Place of Business NOTE NEW HEAD OFFICE BELOW 2800 TERRAMAR apt 9 FORT LAUDERDALE FL 33304		Mailing Address	
2. Principal Place of Business Same		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FFI Number 650561463		Applied for Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent ARMAND LEGARE 2800 TERRAMAR apt 9 FORT LAUDERDALE FL (954) 567 9620 33304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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 submitting) DATE			
8. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so (See criteria on back) ☐		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 NAME STREET ADDRESS CITY-STATE-ZIP	LEGARE ELISER. ☒ Delete 2800 TERRAMAR apt 9 FORT LAUDERDALE FL 33304	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	LEGARE ARMAND ☒ Delete 2800 TERRAMAR apt 9 FORT LAUDERDALE FL 33304	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 it made under oath; that I am an officer or director of the corporation or the successor or assignee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 as changed, or on an attachment with an address, with as other like empowered.			
SIGNATURE: Armand Legare ARMAND LEGARE Pres 03/28/01 \$150.00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Filing Fee)			

CR2034 (11/00)

Check # 5959