

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035670

1. Entity Name

RBN ENTERPRISES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90166 014 ***150.00

Principal Place of Business

788 PARK SHORE DR H-32
NAPLES FL 34103

Mailing Address

788 PARK SHORE DR H-32
NAPLES FL 34103-3911

2. Principal Place of Business

3000 Gulf Shore Blvd. N. #109

Suite, Apt. #, etc.

Harbour Cove #109

City & State

Naples FL

Zip

34103

Country

USA

3. Mailing Address

3000 Gulf Shore Blvd. N.

Suite, Apt. #, etc.

Harbour Cove #109

City & State

Naples FL

Zip

34103

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0579297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBIN, ROBERTA
788 PARK SHORE DR H-32
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name

Roberta Rubin Niewiadomski

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

3000 Gulf Shore Blvd. N.

Harbour Cove #109

City

Naples

FL

Zip Code

34103

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

Roberta Rubin Niewiadomski Roberta Rubin Niewiadomski VT 4/2/00

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

TITLE	VT	<input type="checkbox"/> Delete
NAME	RUBIN, ROBERTA	
STREET ADDRESS	788 PARK SHORE DR H-32	
CITY-ST-ZIP	NAPLES FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	NIEWIADOMSKI, ROBERT	
STREET ADDRESS	788 PARK SHORE DR H-32	
CITY-ST-ZIP	NAPLES FL 34103	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberta Rubin Niewiadomski	
STREET ADDRESS	3000 Gulf Shore Blvd. N. #109	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Niewiadomski	
STREET ADDRESS	3000 Gulf Shore Blvd. N. #109	
CITY-ST-ZIP	Naples, FL 34103	
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 an address, with all other like empowered.

SIGNATURE:

Roberta Rubin Niewiadomski

Roberta Rubin Niewiadomski 4/2/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PH-263-0662

CR2E034 (9/99)