

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90010 012 ***150.00

DOCUMENT # P95000084847

1. Entity Name

ROBYMAR CORP.

Principal Place of Business 1242 OCEAN REEF RD WESLEY CHAPEL FL 33543 US	Mailing Address 1242 OCEAN REEF RD WESLEY CHAPEL FL 33543-6638 US
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2. Principal Place of Business 13031 NW 1 ST. Suite, Apt. #, etc. #109 City & State Pembroke Pines, FL Zip 33028 Country US	3. Mailing Address 13031 N.W. 1 ST. Suite, Apt. #, etc. #109 City & State Pembroke Pines, FL Zip 33028 Country US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0617518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COMIN, ROBERTO 1242 OCEAN REEF RD WESLEY CHAPEL FL 33543	7. Name and Address of New Registered Agent Name: <u>ROBERTO COMIN</u> Street Address (P.O. Box Number is Not Acceptable) <u>13031 N.W. 1 ST. #109</u> City: <u>PEMBROKE PINES</u> FL Zip Code: <u>33028</u>
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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: Roberto Comin B. Roberto Comin PD DATE: 4-3-2000
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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 NAME STREET ADDRESS CITY-ST-ZIP	PD COMIN-BADIA, ROBERTO 3630 S 51ST ST TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13031 NW 1 ST. #109 PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, MARIELA 3630 S 51ST ST TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13031 NW 1ST. #109 PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IZAGUIRRE, MARITZA 3630 S 51ST ST TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13031 NW 1ST. #109 PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMIN, GLORIA 3630 S 51ST ST TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13031 NW 1ST. #109 PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Roberto Comin B. Roberto Comin PD DATE: 4-3-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #