

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000095944 (1)**

1. Corporation Name

JORGE ROBLES, PA



Principal Place of Business

**1850 WHITNEY WAY
SUITE 200
WINTER PARK FL 32792**

Mailing Address

**1850 WHITNEY WAY
SUITE 200
WINTER PARK FL 32792**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ROBLES, JORGE
1850 WHITNEY WAY
SUITE 200
WINTER PARK FL 32792**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
12/15/1995

3a. Date of Last Report

4. FET Number

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of Agent or Director (Print Name and Title)

Signature of Agent or Director (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **D ROBLES, JORGE**
STREET ADDRESS **1850 WHITNEY WAY, SUITE 200**
CITY-ST-ZIP **WINTER PARK FL 32792**
2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

**ROBLES, JORGE
835 Mc Lean Ct.
Orlando, FL 32825**

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-96

Copy to: Director

CR2E034 (12/95)