

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073575

1. Entity Name

RBK INVESTMENTS, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90026 040 ***150.00

Principal Place of Business

Mailing Address

1334 NO STATE ROAD 7
MARGATE FL 33063

1334 NO STATE ROAD 7
MARGATE FL 33431-6657

2. Principal Place of Business

3350 NW 2nd Ave

3. Mailing Address

3350 NW 2nd Ave

Suite, Apt. #, etc.

A44

Suite, Apt. #, etc.

A44

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

FLA

Zip

33431

Country

FLA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0694769

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

KLINE, R B
1334 NO STATE ROAD 7
MARGATE FL 33063

Name R. B. KLINE

Street Address (P.O. Box Number is Not Acceptable)
5315 NW 51 Street

City COCONUT CREEK

FL

Zip Code

33023

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, type or printed name of registered agent and title if applicable.

R. B. KLINE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/2000

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 P ☐ Delete
NAME KLINE, R B
STREET ADDRESS 5315 NW 51 ST.
CITY-ST-ZIP COCONUT CR FL 33073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

R. B. KLINE

4/8/2000

954-647-1727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)