

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90402 005 ***150.00

00034436



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000103070

1. Entity Name

ROBINSON INTERNATIONAL, INC.

Principal Place of Business

3731 NE 30TH AVENUE
 LIGHTHOUSE POINT FL 33064

Mailing Address

3731 NE 30TH AVENUE
 LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

655 NW 65th Ter
 Suite, Apt. #, etc.

3. Mailing Address

655 NW 65th Ter
 Suite, Apt. #, etc.

City & State

Parkland, FL

City & State

Parkland, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
 33067

Country

USA

Zip

33067

Country

USA

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

WEINER, MICHAEL S ESQ
 WEINER, MORICI & ARONSON, P.A.
 102 NORTH SWINTON AVE.
 DELRAY BEACH FL 33444

Name

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

City

FL

Zip Code

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, 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, 2001 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	S	<input type="checkbox"/> Delete
NAME	RITTINA ROBINSON, ROSALYN	
STREET ADDRESS	3731 NE 30TH AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, WILLIAM G	
STREET ADDRESS	3731 NE 30TH AVENUE	
CITY-ST-ZIP	LIGHTHOUSE FL 33064	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Rittina Robinson **RITTINA ROBINSON**

8-30-01

(954) 575 8833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)