

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90128 016 ***150.00

0037098 AV

DOCUMENT # P97000001237

1. Entity Name

ROBERTS FUNERAL SERVICE, INC.

Principal Place of Business

**1806 NW 29 ST
OAKLAND PARK FL 33311-124
US**

Mailing Address

**1806 NW 29 ST
OAKLAND PARK FL 33311-124
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0717375

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

**MARX, JAMES ESQ
201 S BISCAYNE BLVD
OAKLAND PARK
MIAMI FL 33131**

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, 2002 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	<input type="checkbox"/> Delete
PD	ROBERT, LEON M	7917 NW 7 CT	PLANTATION FL 33324-1464	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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VPD	ROBERTS, JOAN P	7917 NW 7 CT	PLANTATION FL 33324-1464	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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DS	POPLIN, MARK K	17435 NW 85 AVE	MIAMI FL 33015	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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DS	WOLF, RICHARD B	3965 E 10 CT.	HIALEAH FL 33013	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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: *Leon M. Roberts* LEON M. ROBERTS PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-02 (954) 485-7544

Date Daytime Phone #

CR2E034 (9/01)