

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

0488705

**DOCUMENT # P97000012035**

1. Entity Name

**ROBIN ENTERPRISES LIMITED, INC.**

03-08-2001 90068 025 \*\*\*150.00

Principal Place of Business

1849 S. OCEAN DRIVE  
 #1011  
 HALLANDALE BEACH FL 33009-4929  
 US

Mailing Address

1849 S. OCEAN DRIVE  
 #1011  
 HALLANDALE BEACH FL 33009-4929  
 US

2. Principal Place of Business

1849 S. Ocean Drive  
 Hallandale Beach  
 Suite 1011

3. Mailing Address

1849 S. Ocean Drive  
 Suite 1011

City & State

Hallandale Beach

City & State

Hallandale Beach

Zip

33009-4929

Country

USA

Zip

33009-4929

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0726435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
 343 ALMENDRA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Robert E. Levine Descamps  
 Street Address (P.O. Box Number is Not Acceptable):  
1849 S Ocean Drive  
Suite 1011  
 City: Hallandale Beach FL Zip Code: 33009-4929

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

TITLE: PSTD ☐ Delete  
 NAME: LEVINE, ROBERT E  
 STREET ADDRESS: 1849 S. OCEAN DR #1011  
 CITY-ST-ZIP: HALLANDALE FL 33009-4929

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)