

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93593 016 ***150.00

DOCUMENT # P97000012035

1. Entity Name

ROBIN ENTERPRISES LIMITED, INC.

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

HALLANDALE BEACH

Suite, Apt. #, etc.

1511

City & State

HALLANDALE BEACH

Zip

33009

Country

USA

3. Mailing Address

1849 S. OCEAN DRIVE

Suite, Apt. #, etc.

City & State

Zip

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
 1849 S. OCEAN DRIVE
 SUITE 1011
 HALLANDALE FL 33009-4929

7. Name and Address of New Registered Agent

Name

S Robin Enterprise, Ltd. Inc did no business whatsoever in 2001.

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)

04/01/2002

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

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ 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

04/01/2002

Date

Daytime Phone #

954-455-3126

CR2E034 (9/01)