

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071930

1. Entity Name

**RBT INVESTMENTS, INC.**

Principal Place of Business

**6605 Maynada  
Miami, Florida 33131**

Mailing Address

**900 Suntrust Bldg  
777 Brickell Avenue  
Miami, Florida 33131**

2. Principal Place of Business

**1110 Brickell Avenue**

3. Mailing Address

**1200 Brickell Avenue**

Suite, Apt. #, etc.

**Suite 504**

Suite, Apt. #, etc.

**Suite 900**

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**65-0782893**

Applied For

Not Applicable

Zip

**33131**

Country

Zip

**33131**

Country

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

**Michael B. Walker  
Wampler, Buchanan & Breen  
900 Suntrust Bldg  
777 Brickell Avenue  
Miami, Florida 33131**

Name

**AGIM Registered Agents, Inc.,**

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

**1200 Brickell Avenue, Suite 900**

**MAI**

City

**Miami, FL 33131**

**FL**

Zip Code

**33131**

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]*

**MARIO A. ZULEZAS**

**4/28/2000**

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, 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 **DP** ☐ Delete  
NAME **Robert F. Thorne**  
STREET ADDRESS **6605 Maynada**  
CITY-ST-ZIP **Coral Gables 33146**

TITLE **DPST** ☒ Change ☐ Addition  
NAME **Robert F. Thorne**  
STREET ADDRESS **1100 Brickell Avenue, Suite 504**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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CITY-ST-ZIP

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

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)(f), 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

**ROBERT F. THORNE**

Date

**4-27-00**

Daytime Phone #

**305 416 6800**

CR2E034 (9/99)