

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90008 041 ***150.00

DOCUMENT # P98000002430

1. Entity Name
ROBERTO G HEINZ INC.

Principal Place of Business

37716 LOCK STREET
 DADE CITY FL 33525

Mailing Address

37716 LOCK STREET
 DADE CITY, FL 33525

2. Principal Place of Business

37716 LOCK ST.

Suite, Apt. #, etc.

3. Mailing Address

37716 LOCK ST

Suite, Apt. #, etc.

City & State

Dade City FL

City & State

Dade City FL

4. FEI Number

59-3491745

Applied For

Not Applicable

Zip

33523

Country

USA

Zip

33523

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HEINZ, ROBERTO G
 37716 LOCK STREET
 DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name **HEINZ, ROBERTO G**
 Street Address (P.O. Box Number is Not Acceptable)
37716 LOCK ST
 City **Dade City** FL Zip Code **33523**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D HEINZ, ROBERTO G	5186 CYRIL DRIVE	DADE CITY FL 33525	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	HEINZ, ROBERTO G	5014 PINNACLE HEIGHTS CIRCLE	Dade City, FL 33525	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	TAMPA, FL 33624			<input type="checkbox"/>	<input type="checkbox"/>
	S NADIA HEINZ	5014 PINNACLE HEIGHT CIRCLE	TAMPA FL 33624	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D HEINZ, ROBERTO G	16614 Northdale Oaks Dr.	TAMPA, FL 33624	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	S NADIA HEINZ	16614 Northdale Oaks Dr.	Tampa, FL 33624	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Robert Heinz**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-27-01** Daytime Phone # **352-521-5679**

CR2E034 (10/00)