

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009750

1. Entity Name

ROXY MANAGEMENT CORP.

FILED

00 FEB 24 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
P.O. BOX 11958
FT. LAUDERDALE FL 33339

Mailing Address
P.O. BOX 11958
FT. LAUDERDALE FL 33339-1958

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 65-0864782 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

ROBBAT, GEORGE
2200 NORTHEAST 33RD AVENUE, #14G
FT. LAUDERDALE FL 33305

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 *Geo. Robbat* DATE 1/26/00

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	P	<input type="checkbox"/> Delete	TITLE	Geo. Robbat	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBAT, GEORGE		NAME	2200 NE 33 Ave	
STREET ADDRESS	2200 HLEL 33 AVENUE 14G		STREET ADDRESS	2200 NE 33 Ave	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305		CITY-ST-ZIP	Ft. Laud. FL 33305	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	KOZIARA, Richard	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOZIARA, RICHARD		NAME	2200 N.E. 33 Ave.	
STREET ADDRESS	2200 N.E. 33 AVENUE		STREET ADDRESS	Ft. Laud. FL 33305	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305		CITY-ST-ZIP	Ft. Laud. FL 33305	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	KOZIARA, MARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZIARA, MARY		NAME	2200 NE 33 Ave.	
STREET ADDRESS	2200 NE 33 AVE		STREET ADDRESS	Ft. Laud. FL 33305	
CITY-ST-ZIP	FT LAUDERDALE FL 33305		CITY-ST-ZIP	Ft. Laud. FL 33305	
TITLE		<input type="checkbox"/> Delete	TITLE	200003156702--5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	-03/03/00--01069--006	
STREET ADDRESS			STREET ADDRESS	***150.00 ***150.00	
CITY-ST-ZIP			CITY-ST-ZIP	LS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: *Geo. Robbat* Date 1/26/00 Daytime Phone # 954-229-1977

CR2E034 (9/99)