

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90029 037 \*\*\*150.00

DOCUMENT # P98000058352

1. Entity Name  
**ROBERT DEAN ENTERPRISES, INC.**

Principal Place of Business  
**2766 CARAMBOLA CIR. S. RM.404**  
**COCONUT CREEK FL 33066**

Mailing Address  
**2766 CARAMBOLA CIR. S. RM.404**  
**COCONUT CREEK FL 33066**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5670 Swaying Palm Lane**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5670 Swaying Palm Lane**  
 Suite, Apt. #, etc.

City & State  
**Boynton Beach, FL.**

City & State  
**Boynton Beach, FL.**

4. FEI Number  
**65-0855115**

Applied For  
 Not Applicable

Zip  
**33437**

Country  
**USA**

Zip  
**33437**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ALSTER, ALLEN**  
~~2766 CARAMBOLA CIR. S.~~ **5670 Swaying Palm Lane**  
~~COCONUT CREEK FL 33066~~ **Boynton Beach, FL.**  
**33437**

## 7. Name and Address of New Registered Agent

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 *Allen Alster*  
 Signature, typed or printed name of registered agent and title if applicable.

Allen Alster, Pres.  
 (NOTE: Registered Agent signature required when reinstating)

3/3/02  
 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 **D** ☐ Delete  
 NAME **ALSTER, ALLEN**  
 STREET ADDRESS ~~2766 CARAMBOLA CIR. S.~~ **5670 Swaying Palm**  
 CITY-ST-ZIP ~~COCONUT CREEK FL 33066~~ **Boynton Beach, FL.**

TITLE **D** ☐ Delete  
 NAME **ALSTER, FLORENCE**  
 STREET ADDRESS ~~2766 CARAMBOLA CIR. S.~~ **5670 Swaying Palm**  
 CITY-ST-ZIP ~~COCONUT CREEK FL 33066~~ **Boynton Beach, FL.**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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)(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: *Allen Alster* Allen Alster, Pres. 3/3/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)