

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107594

1. Entity Name

ROBYN RADER, INC.

Principal Place of Business

16445 COLLINS AVE
STE 2224
MIAMI FL 33160

Mailing Address

16445 COLLINS AVE
STE 2224
MIAMI FL 33160

2. Principal Place of Business

3640 YACHT CLUB BL
Suite, Apt. #, etc.
#1408

3. Mailing Address

3640 YACHT CLUB BL #1408
Suite, Apt. #, etc.

City & State

AVENUE FL

City & State

AVENUE FL

Zip

33180

Country

Zip

33180

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0883116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RADER, ROBYN
16425 COLLINS AVE, #2315
MIAMI FL 33160

7. Name and Address of New Registered Agent

Name ROBYN RADER
Street Address (P.O. Box Number is Not Acceptable)
3640 YACHT CLUB BL #1408
City AVENUE FL Zip Code 33180

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)

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, 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 D
NAME RADER, ROBYN
STREET ADDRESS 16425 COLLINS AVE, #2315
CITY-ST-ZIP MIAMI FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3640 YACHT CLUB BL #1408
CITY-ST-ZIP AVENUE FL, 33180 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Robyn Rader*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305
3/19/01 X 992-5600
Date Daytime Phone #

CR2E034 (10/00)

0199242