

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90847 006 ***150.00

DOCUMENT # P98000107594

1. Entity Name
ROBYN RADER, INC.



Principal Place of Business
~~3640 YACHT CLUB DR~~ **16445 Collins Ave**
~~#1408~~ **#1226**
~~AVENTURA FL 33180~~
Sunny Isles Bch, FL 33160

Mailing Address
~~3640 YACHT CLUB DR~~ **16445 Collins Ave**
~~AVENTURA FL 33180~~ **#1226**
Sunny Isles Bch, FL 33160



2. Principal Place of Business
~~16445 Collins Ave~~
Suite, Apt. #, etc. **#1226**
City & State **Sunny Isles Bch, FL**
33160 Country **USA**

3. Mailing Address
~~16445 Collins Ave~~
Suite, Apt. #, etc. **#1226**
City & State **Sunny Isles Bch, FL**
33160 Country **USA**

☒ CHECK HERE IF MAKING CHANGES

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
~~3640 YACHT CLUB DR~~
~~#1408~~
~~AVENTURA FL 33180~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
16445 Collins Ave
#1226
City **Sunny Isles Bch** **FL** Zip Code **33160**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADER, ROBYN 3640 YACHT CLUB DR #1408 MIAMI FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	16445 Collins Ave #1226 Sunny Isles Bch, FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

2/25/03 **305 992-5600**

Date

Daytime Phone #

CR2E034 (10/02)