

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90094 016 ***158.75

081/511

DOCUMENT # P99000007380

1. Entity Name
ROBRAT CORP.

Principal Place of Business 780 NORTHWEST LEJEUNE ROAD SUITE 516 MIAMI FL 33126	Mailing Address 780 NORTHWEST LEJEUNE ROAD SUITE 516 MIAMI FL 33126
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024085



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8421 N. 56th St.	3. Mailing Address 8421 N. 56th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TEMPLE TERRACE, FL	City & State TEMPLE TERRACE, FL	4. FEI Number 65-0898875	Applied For <input type="checkbox"/> Not Applicable
Zip 33617	Country HILLSBOROUGH	Zip 33617	Country HILLSBOROUGH

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
A
PIEDRO, AURELIO
780 NW LE JECHE
516
MIAMI FL 33126

7. Name and Address of New Registered Agent
Name: RAUL E. TORRES
Street Address (P.O. Box Number is Not Acceptable):
8421 N. 56th Street
City: TEMPLE TERRACE FL Zip Code: 33617

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 **1-4-01**
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	PVST DIAZ, ROBERTO T 780 NORTHWEST LEJEUNE ROAD MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, ROBERTO T 780 NORTHWEST LEJEUNE ROAD MIAMI FL 33126 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Dir. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAUL E. TORRES 8421 N. 56th Street TEMPLE TERRACE FL. 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. / Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERTO T. DIAZ 8421 N. 56th Street TEMPLE TERRACE, FL. 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Raul E. Torres** **President** **2/12/01 (513) 984-7177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)