FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 26, 2000 8:00 am Secretary of State OCUMENT # P93000018865 **Entity Name** 05-26-2000 90100 029 ***150.00 ROBI'S SERVICE, INC. N/c 3-9-2000 Maiting Address incipal Place of Business 11401 SW 40 ST 11401 SW 40 ST #201 #201 Miami Fl33165 741096 Miami Fl 33165 Principal Place of Business 3. Mailing Address 7171 Coral Way <u>7171 Coral Way</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 209 City & State City & State Applied For 4. FEI Number 65-0899341 Not Applicable <u>Miami</u> Miami. Country \$8.75 Additional Country 5. Certificate of Status Desired . . . Fee Required Dade 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Blanco, Ismael Orasi, Ronald Street Address (P.O. Box Number is Not Acceptable) 11401 SW 40 St # 201 33165 Miami Fl7171 Coral Way # 209 Zip Code City 33165 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 ISMAEL BLANCO er printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE'IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAX 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Addition Change Delete TITLE ITLE PD AME NAME Guerra, Serafina M. Orasi, Ronald 2286 W. Hialeah 74 ST # 102 Fl 33016 TREET ADDRESS STREET ADDRESS 8531 SW 16 Terr CITY - \$1 - 71P ITY-ST-ZIP Miami Fl 33165 **X** Change Defete ☐ Addition 111 F ANE -Blanco, Ismael-Blanco, Ismael 2286 W. 74 ST 74 ST # 102 TREET ADDRESS STREET ADDRESS 2286 W. CITY - ST - ZIP F1Hialeah 33016 ITY-ST-ZIP <u> Hialeah Fl 33016</u> ☐ Delete TITLE ☐ Change ☐ Addition ITLE NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP Delete ☐ Change Addition TLE NAME AMF STREET ADDRESS TREET ADDRESS CULY-ST-7IP ITY-ST-7IP ☐ Addition ☐ Delete TITLE ITLE NAME AME STREET ADDRESS TREET ADDRESS CITY - ST - ZIP ITY-ST-ZIP Change Addition ☐ Delete THILE HTLE AME NAME STREET ADDRESS TREET ADDRESS CHY-ST-ZIP ITY-ST-ZIP 3. 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. TSM 4 EL OLA MCS REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: