

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0162052
 AV

03-18-2002 90060 039 ***150.00

DOCUMENT # P99000025486

1. Entity Name
ROBIN HYNES PA

Principal Place of Business
CALDWELL BANKER/BISHOP REALTY
7 NW 21 ST
HOMESTEAD FL 33032
US

Mailing Address
11959 S.W. 268 TERR
HOMESTEAD FL 33030
US



2. Principal Place of Business

3. Mailing Address
27531 SW 167 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
MIAMI FLA

4. FEI Number **65-0917599**

Applied For
 Not Applicable

Zip

Country

Zip
33031

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HYNES, ROBIN
11959 S.W. 268 TERR
HOMESTEAD FL 33032

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HYNES, ROBIN**
STREET ADDRESS **11959 S.W. 268 TERR**
CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE **P** ☒ Change ☐ Addition
NAME **HYNES, ROBIN** **MIAMI**
STREET ADDRESS **27531 SW 167 AVE** **HOMESTEAD, FLA**
CITY-ST-ZIP **33031**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Robin Hynes PA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/02 (305) 246-3000
 Date Daytime Phone #

CR2E034 (9/01)