

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90123 011 ***550.00

DOCUMENT # P99000031959

1. Entity Name

H. ROBERTS BENEFITS CONSULTANTS, INC.

Principal Place of Business

8890 SW 106 ST
 MIAMI FL 33176

Mailing Address

8890 SW 106 ST
 MIAMI FL 33176

2. Principal Place of Business

8600 SW 155 Terr

3. Mailing Address

8600 SW 155 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip 33157

Country USA

Zip 33157

Country USA

4. FEI Number

65-0917057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, HECTOR J
 8890 SW 106 ST
 MIAMI FL 33176

7. Name and Address of New Registered Agent

Name Roberts, Hector J.
 Street Address (P.O. Box Number is Not Acceptable) 8600 SW 155 Terr
 City Miami FL Zip Code 33157

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

9/5/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD	☐ Delete
NAME	ROBERTS, HECTOR J JR	
STREET ADDRESS	8890 SW 106 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VSD	☐ Delete
NAME	ROBERTS, ANA G	
STREET ADDRESS	8890 SW 106 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change ☐ Addition
NAME	Roberts, Hector J. Jr	
STREET ADDRESS	8600 SW 155 Terr	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	VSD	☒ Change ☐ Addition
NAME	Roberts, Ana G	
STREET ADDRESS	8600 SW 155 Terr	
CITY-ST-ZIP	Miami, FL 33157	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/02, 305-251-5569

CR2E034 (4/02)