

2001 UNIFORM BUSINESS REPORT (UBR)

0129017

DOCUMENT # P99000039926

1. Entity Name

ROBERT PRESTON ENTERPRISES, INC.

FILED

01 MAY -3 PM 2:21

Principal Place of Business

3975 NW 9TH AVE.
POMPANO BCH FL 33064

Mailing Address

3975 NW 9TH AVE.
POMPANO BCH FL 33064

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3975 NW 9TH AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

8

Suite, Apt. #, etc.

SAME

City & State

POMPANO BCH. FLORIDA

City & State

SAME

4. FEI Number

65-0919210

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

SAME

Country

SAME

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

GARMAN, GUY

3801 S. OCEAN DR. 4Z
HOLLYWOOD FL 33019

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 GUY GARMAN

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS PRESTON, ROBERT
CITY-ST-ZIP 3975 NW 9TH AVE.
POMPANO BCH FL 33064

TITLE ☐ Change ☐ Addition
NAME 600004287355-05
STREET ADDRESS -05/22/01--01071--010
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: Robert Preston ROBERT PRESTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01

954 785-6687

Date

Daytime Phone #

CR2E034 (10/00)