

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90015 005 ***150.00

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DOCUMENT # P99000039926

1. Entity Name

ROBERT PRESTON ENTERPRISES, INC.

Principal Place of Business

**3975 NW 9TH AVE., #8
POMPANO BEACH FL 33064**

Mailing Address

**3975 NW 9TH AVE., #8
POMPANO BEACH FL 33064**

2. Principal Place of Business

3. Mailing Address

1751 NE 28TH TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BCH FLA.

4. FEI Number **65-0919210**

Applied For

Not Applicable

Zip

Country

Zip

Country

33062

U.S.A.

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
ROBERT PRESTON ENT. INC.

Street Address (P.O. Box Number is Not Acceptable)

1751 NE 28TH TERR.

City **POMPANO BCH.**

FL

Zip Code **33062**

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

Robert Preston

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/02

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

4/2/02 (954) 295-0227

Date

Daytime Phone #

CR2E034 (9/01)