

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053401

1. Entity Name

ROBERT M. CORPORATION

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90023 007 \*\*\*150.00

Principal Place of Business

Mailing Address

211 W 43 STREET  
HIALEAH FL 33012

211 W 43 STREET  
HIALEAH FL 33012-3916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0927443

Applied For

Not Applicable

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

BARROSO, ANA N  
211 W 43 STREET  
HIALEAH FL 33012

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, 2000 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 PD ☐ Delete  
NAME MORALES, ROBERTO R  
STREET ADDRESS 211 W 43 STREET  
CITY-ST-ZIP HIALEAH FL 33012

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-12-00 305-428-5218

Date

Daytime Phone #

CR2E034 (9/99)

attachment P99000053401  
DW86794

LAW OFFICES OF ROBERT FLAVELL  
*A Professional Association*

September 13, 2000

Florida Dept. of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement of Robert M. Corporation  
Document No. P99000053401

Dear Sirs:

This office represents the above-named corporation, which was administratively dissolved for failure to file an annual report. The prior attorney for the corporation failed to file the required annual reports. We are requesting an abatement of the reinstatement fee. An application for reinstatement is attached hereto, together with a check in the amount of \$150.00.

Should you have any questions, please do not hesitate to contact me. Thank you for your facilitation of this matter.

Sincerely,



Robert Flavell

Enc.

SEP 13 2000  
FALLS CHURCH  
VA 22034  
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VA 22034  
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VA 22034