

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91502 031 \*\*\*150.00

**DOCUMENT # P99000056241**

**1. Entity Name**  
**THE ROBLEDO'S INC.**

**Principal Place of Business**  
**1501 N.E. 191TH STREET,STE.405**  
**N.MIAMI BEACH FL 33179**

**Mailing Address**  
**1501 N.E. 191TH STREET,STE.405**  
**N.MIAMI BEACH FL 33179**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0926698**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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**

**ROBLEDO, CAROLINA**  
**1501 N.E. 191TH STREET,STE.405**  
**N.MIAMI BEACH FL 33179**

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** \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROBLEDO, CAROLINA</b> <b>1501 N.E. 191TH STREET STE 405</b> <b>N. MIAMI BEACH FL 33179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 Carolina Robledo 052602  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)

Attachment

**THE ROBLEDO'S, INC.**  
**DBA, THE BATHTUB PEOPLE**

#P99000056241  
7/009/18

1501 N.E. 191 ST. Suite C-405 N.M.B. FL 33179

Tel.: 305 947-4442 ; 888-436-4442

FAX: 305 947-7507

E-mail: Therobledos@AOL.com

**DATE:** 05/05/02

**TO:** FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FROM:** CAROLINA ROBLEDO  
**SUBJECT:** 2002 UNIFORM BUSINESS REPORT  
DOCUMENT # P99000056241

**MESSAGE:** This is to inform you that I am sending the payment of the UBR late because I was out of the country in an emergency trip and I could not send the payment on time. I ask you to please wave the late charge.

Best regards

  
Carolina Robledo