


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90224 049 \*\*\*150.00

DOCUMENT # P99000058463  
1. Entity Name  
ROUBEKA'S AUTOMOTIVE, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>4574 DYER BLVD</u> Suite, Apt. #, etc. <u>BAY 11</u> City & State <u>WEST PALM BEACH, FL</u> Zip <u>33407</u> Country <u>PAIM BEACH</u>		3. Mailing Address <u>4574 DYER BLVD</u> Suite, Apt. #, etc. <u>BAY 11</u> City & State <u>WEST PALM BEACH, FL</u> Zip <u>33407</u> Country <u>PAIM BEACH</u>	
---	--	---	--

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1961433</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <u>FL</u> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>TOM ROUBEKAS</u> <u>4574 DYER BLVD #11</u> <u>WEST PALM BEACH, FL 33407</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-03

Date: \_\_\_\_\_ Day, Month, Year

CR2E034B (12/02)