

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90970 013 ***150.00

DOCUMENT # P99000066567

1. Entity Name

Robaina Furniture, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2667 West 76 Street

Suite, Apt. #, etc.

3. Mailing Address

2667 West 76 Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

65-0938432

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

33016

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name-

Roberto Robaina

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

2667 West 70 Place

City

Hialeah,

FL

Zip Code

33016

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
P/S
Roberto Robaina
2667 West 70 Place
Hialeah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V P/S
Josefa Robaina
2667 West 70 Place
Hialeah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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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 reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO ROBAINA P/S

Date

3-25-02

Daytime Phone

CR2E034B (12/01)