

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000085274**

1. Entity Name

**ROBER EQUIPMENT, INC.**

Principal Place of Business

**1625 SW 1 WAY  
#C-7  
DEERFIELD BEACH, FL 33441**

Mailing Address

**1625 SW 1 WAY  
#C-7  
DEERFIELD BEACH, FL 33441**

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

**65-0952147**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Erik Yankwitz  
1975 E. SUNRISE BLVD  
FT. LOUDERDALE, FL 33304**

7. Name and Address of New Registered Agent

**CLAUDIA DE SOUZA SIMOES  
1625 SW 1 WAY  
#C-7  
DEERFIELD BEACH, FL 33441**

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

**Claudia H. de Souza Simoes**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/14/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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**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.

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

11. OFFICERS AND DIRECTORS

**DD  
CLAUDIA DE SOUZA SIMOES  
1625 SW 1 WAY - #C-7  
DEERFIELD BEACH, FL 33441**

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NAME  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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☐ Change ☐ Addition

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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 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:

**Claudia H. de Souza Simoes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/14/00 (554) 328-1911**

Date

Daytime Phone #

CR2E034 (9/99)