2 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28234

1/2

1. Entity Name

RUBARR TWO, LTD.

FILED
02 OCT 22 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% MARIA M. RUBI 10020 NW 3 CT PLANTATION FL 33324	% MARIA M. RUBI 10020 NW 3 CT PLANTATION FL 33324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0161488 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

RUBI, MARIA M.
10020 NW 3 CT
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. $128,000.00

10. Amount of Capital Contributions in FLORIDA to date. - 0 - deficiate

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	K31755	STREET ADDRESS	200008432662--6
NAME	RUBARR, INC.	CITY-ST-ZIP	-10/17/02--01085--005 ****141.25 ****141.25
STREET ADDRESS	10020 NW 3 CT		
CITY-ST-ZIP	PLANTATION FL 33324		
DOCUMENT #		STREET ADDRESS	
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NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (4/02)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Maria M. Rubi 8-19-04 954-6295796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

RUBARR, LTD.
P.O. Box 2064
FORT LAUDERDALE, FLORIDA 33303
(954) 629-5796 (954) 463-6153
~~(305) 568-2523~~ ~~FAX (305) 563-0381~~

MEMO LETTER

2 of 2

FILED
02 OCT 22 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Fla. Department of State
P O Box 6329
Tallahassee, FL 32314

DATE 9-13-02
SUBJECT 2002 Uniform Bus. Report
A-26948 Letter 102A000496363
A-28234 " 102A000496394
K-31755

To whom it may concern

Please be advised that the only forms received in reference to the above entities were due by September 25, 2002 (Rec'd in August, 2002)

We request that you remove the late fee as mentioned on your Aug 23/02 letter.

Thank you for your understanding.

Sincerely,

Registered Agent

Sworn to and subscribed before me this 13th day of September, 2002, by Maria M. Rubi personally known to me.

GRISEL GIL
MY COMMISSION # DD 105200
EXPIRES: July 5, 2006
Bonded Thru Notary Public Underwriters

NOTARY PUBLIC

☐ Please Reply ☐ No Reply Necessary

SIGNED