

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90090 016 ***150.00

0305170 AV

DOCUMENT # K25267

1. Entity Name

L.L. RUBIN & COMPANY



Principal Place of Business

**10812 SW 142 CT
MIAMI FL 33186
US**

Mailing Address

**P.O. BOX 650925
P.O. BOX 650925
MIAMI FL 33265
US**

2. Principal Place of Business

14629 SW 104 ST.

3. Mailing Address

14629 SW 104 ST.

Suite, Apt. #, etc.

STE. 489

Suite, Apt. #, etc.

STE. 489

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

DADE

Zip

33186

Country

DADE

4. FEI Number

65-0052411

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LOPEZ, LUIS A.
10812 SW 142 CT
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

SAME

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

14629 SW 104 ST.

City

MIAMI

FL

Zip Code

33186

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **DP** ☐ Delete
NAME **LOPEZ, LUIS A.**
STREET ADDRESS **10812 SW 142 CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **LOPEZ, NANCY C.**
STREET ADDRESS **10812 SW 142 CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Address Change** ☒ Change ☐ Addition
NAME
STREET ADDRESS **14629 SW 104 ST.**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **Address Change** ☒ Change ☐ Addition
NAME
STREET ADDRESS **14629 SW 104 ST.**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-2003

CR2E034 (10/02)