

DOCUMENT # P92000004287

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90052 013 ***150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name
STUART L. RUBIN AND ASSOCIATES, P.A.

Principal Place of Business Mailing Address
2700 W CYPRESS CREEK RD 2700 W CYPRESS CREEK RD
SUITE C-110 SUITE C-110
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309
US US

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 65-0369730 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, STUART L CPA
2700 W CYPRESS CREEK RD
SUITE C-110
FT LAUDERDALE FL 33309

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.

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RUBIN, STUART L CPA	
STREET ADDRESS	2700 W CYPRESS CREEK RD STE C110	
CITY-ST-ZIP	FT LAUDERDALE FL	
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CITY-ST-ZIP		

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: Stuart L. Rubin STUART L. RUBIN Date: 1/13/00 954-972-0425 Daytime Phone #

CR2E034 (10/00)