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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P92000004287

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

FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90129 036 ***150.00

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2700 W CYP SUITE C-110 FT LAUDERD US	RESS CREEK RD MALE FL 33309 Place of Business	270 Sui Ft US	Mailing Address 2700 W CYPRESS CREEK RD SUITE C-110 FT LAUDERDALE FL 33309 US 3. Mailing Address								
Suite, Apt	. #, etc.	Su	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Sta	te	Cit	City & State			4.	FEI Number 65-0369730		Α	pplied For	
Zìp	Country	Zip	Zip C		puntry				8.75 Ac		
	6. Name and Address of Curr	red Agent	1	<u> </u>	7	Name and Address of New Park		ee Requir	ea		
	ور قال معام		L _		Name		Name and Address of New Regis	stered A	jent	 	
RUBIN, S	RUBIN, STUART L CPA										
	CYPRESS CREEK RD		Street Address			ess (P.O. E	(P.O. Box Number is Not Acceptable)				
SUITE C-	==::::=										
	ERDALE FL 33309										
FI DAUUG	INDALE PL 33309				City			FL	Zip Cod	de	
8. The above	named entity submits this statemen	at for the pur	nose of changing its	n societos	nd office as as				<u> </u>		
the obligat	tions of registered agent.	in for the purp	pose of changing its	s registere	ad onice or teć	jistered ag	ent, or both, in the State of Florida	. I am fai	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ag	nent and title if en	olicable (NO)	C. Benisters	d Agent signature re						
	ILE NOW!!! FEE IS \$150.00				a rigorit digitation to	Squiled Wilelf IE	9. Election Campaign Financi	DATE			
	r May 1, 2003 Fee will be \$550.0 c Payable to Florida Departmen						Trust Fund Contribution.	"'y 🗀	Adde	00 May Be d to Fees	
10.	OFFICERS AI	ND DIRECTO	DRS	11.		AD	L DITIONS/CHANGES TO OFFICER	ONA 29	IDECTOR	C INI 11	
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NAME	RUBIN, STUART L CPA				1			L	_ Change	Addition	
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12. I hereby ce	ertify that the information supplied w	ith this filing	does not qualify for			. 0====================================	10.07(0)(1)				

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 AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

1)19/83 950 Date 3

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