

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90014 033 ***150.00

DOCUMENT # P95000074334

1. Entity Name
CUEVAS & RUBIN, P.A.

Principal Place of Business

9200 SO DADELAND BLVD
 SUITE 603
 MIAMI FL 33156
 US

Mailing Address

9200 SO DADELAND BLVD
 SUITE 603
 MIAMI FL 33156
 US

2. Principal Place of Business

536 Biltmore Way

3. Mailing Address

Suite, Apt. #, etc.

City & State
Coral Gables FL

City & State

4. FEI Number **65-0610240**

Applied For
 Not Applicable

Zip *33134* Country *USA*

Zip Country

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

CUEVAS, ANDREW
 9200 S DADELAND BLVD
 STE 603
 MIAMI FL 33156

Name *Cuevas, Andrew*

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

536 Biltmore Way

City *Coral Gables* **FL** Zip Code *33134*

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 *Andrew Cuevas*

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 **PTD** Delete
 NAME **CUEVAS, ANDREW**
 STREET ADDRESS **9200 SO DADELAND BLVD SUITE 603**
 CITY-ST-ZIP **MIAMI FL**

TITLE *PTD* Change Addition
 NAME *Cuevas, Andrew*
 STREET ADDRESS *536 Biltmore Way*
 CITY-ST-ZIP *Coral Gables, FL 33134*

TITLE **VSD** Delete
 NAME **RUBIN, JONATHAN R**
 STREET ADDRESS **9200 SO. DADELAND BLVD SUITE 603**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE *VSD* Change Addition
 NAME *Rubin, Jonathan*
 STREET ADDRESS *536 Biltmore Way*
 CITY-ST-ZIP *Coral Gables, FL 33134*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *Andrew Cuevas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01
 Date

Daytime Phone #

CR2E034 (10/00)