

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

DOCUMENT # 095000074334  
1. Entity Name  
CUEVAS & RUBIN, P.A.

02 OCT 18 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 536 Biltmore Way Suite, Apt. #, etc.		3. Mailing Address 536 Biltmore Way Suite, Apt. #, etc.	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33134	Country U.S.A.	Zip 33134	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0610240	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Andrew Cuevas 536 Biltmore Way Coral Gables, Florida 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900008453309--1 -10/18/02--01078--003 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Jonathan R. Rubin 536 Biltmore Way Coral Gables, Florida 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Andrew Cuevas 10/17/02 (305) 461-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)