

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002080

1. Entity Name
RUBIO'S ROAD SERVICE, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90114 016 ***150.00

Principal Place of Business

235 CAMELOT DR
TAVERNIER FL 33070

Mailing Address

235 CAMELOT DR
TAVERNIER FL 33070

2. Principal Place of Business

160 Blue Harbor Drive

3. Mailing Address

160 Blue Harbor Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVERNIER FL

City & State

TAVERNIER FL

Zip
33070

Country
US

Zip
33070

Country
US

4. FEI Number 65-0980655

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

RUBIO, DANIEL
235 CAMELOT DRIVE
TAVERNIER FL 33070

Name EDNA M HOROWITZ

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

208 TIDE AVENUE

City TAVERNIER

FL

Zip Code 33070

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 *Edna M Horowitz, Accountant*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/9/01

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 PD
NAME RUBIO, DANIEL
STREET ADDRESS 235 CAMELOT DRIVE
CITY-ST-ZIP TAVERNIER FL 33070 ☐ Delete

TITLE
NAME
STREET ADDRESS 160 Blue Harbor Dr.
CITY-ST-ZIP TAVERNIER FL 33070 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 empowerments.

SIGNATURE: *Daniel Rubio* 1-9-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)