

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90020 044 ***150.00

DOCUMENT # P92000001989

1. Entity Name
THE RUBINI CORPORATION

Principal Place of Business Mailing Address
101 WASHINGTON AVENUE MGR MIAMI BEACH FL 33139 **757 WASHINGTON AVE MIAMI BEACH FL 33139**

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 **65-0374906** 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

PHILLIPS, DAVID P.A
757 WASHINGTON AVE
MIAMI BEACH FL 33139

Name **JAN BENNETT**
 Street Address (O. Box Number is Not Acceptable) **578 N.E. 72 ST**
 City **MIAMI FL 33138**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

4/15/02
 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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSD	RUBINI, GABRIELE	101 WASHINGTON AVENUE, MGR MIAMI BEACH FL 33139				
	AS	FREEMAN, ROBERT A	26015 BAYSHORE DR #1250 MIAMI FL 33133				
	D	PHILLIPS, DAVID P.A	757 WASHINGTON AVE MIAMI BEACH FL 33139				
	Treasurer	Rubini, Giorgio	101 Wash Ave Miami	TREASURER	RUBINI, GIORGIO	101 WASHINGTON AVE MIAMI BEACH, FL 33139	

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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 **305 532-7828**

Date Daytime Phone #

CR2E034 (9/01)