2001 UNIFORM BUSINESS REPORT (UBR)

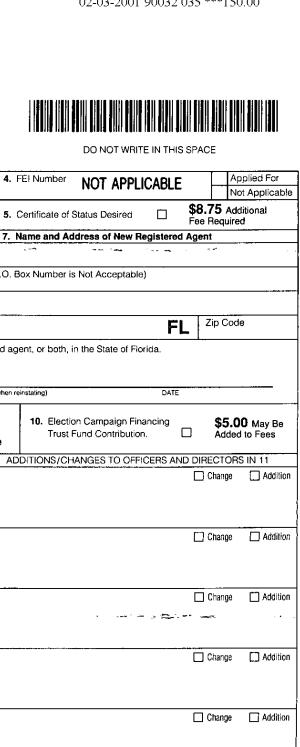
DOCUMENT # 204609

RUBIN CONTRACTING COMPANY

Principal Place of Business	Mailing Address
•	
101 SANSBURY'S WAY P.O. BOX 15065	101 SANSBURY'S WAY P.O. BOX 15065
WEST PALM BEACH FL 33416	WEST PALM BEACH FL 33416
2. Principal Place of Business	3. Mailing Address

FILED Feb 03, 2001 8:00 am Secretary of State

02-03-2001 90032 035 ***150.00



P.O. BOX 15065 WEST PALM BEACH FL 33416 P.O. BOX 15065 WEST PALM BEACH FL 33416 P.O. BOX 15065 WEST PALM BEACH FL 33416 3. Mailing Address			416			81811 819 11 818 11 61	S11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number NOT APPLICABL	г —	pplied For	
Zip	Country	Zìp	Country	5.	Certificate of Status Desired	\$8.75 Ad	Iditional	
	6. Name and Address of Current R	legistered Agent	<u> </u>	7.	Name and Address of New Registers			
			Nai	Name				
DEFREHN, JOHN A. 101 SANSBURY WAY WEST PALM BEACH FL 33416			Stre	Street Address (P.O. Box Number is Not Acceptable)				
1120	TALIF BENOTITE CORTO		City	,		Zip Coo	 de	
					_			
8. The above	named entity submits this statement for	the purpose of changing its	registered offi	ce or registered a	igent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered Agent	signature required when	reinstating) DAT	E		
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		e \$550.00	10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND D		12,		L ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	
TITLE	PD	☐ Delete	TITLE		DDITIONS/OF ANALYS TO OFF TOLING A	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VECELLIO, LEO A.,JR. 771 VILLAGE RD N PALM BEACH FL		NAME STREET ADDR CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	1		☐ Change	☐ Addition	
TITLE NAME. STREET ADDRESS CITY-ST-ZIP	مددمين المعجمين برايات	☐ Delete	TITLE NAME STREET ADDR		e lasta je poj	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	ESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDR	ESS		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDR	ESS		☐ Change	☐ Addition	

13. I hereby certify that the information supplied with this filling 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 tike empowered.

CITY-ST-ZIP

SIGNATURE: