

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90112 028 \*\*\*150.00

<b>DOCUMENT #</b> 253200	
1. Entity Name <b>DEPENDABLE PRINTING &amp; OFFSET CORP.</b>	

Principal Place of Business <b>1875 WEST 8TH AVE HIALEAH FL 33010</b>	Mailing Address <b>1875 WEST 8TH AVE HIALEAH FL 33010</b>
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2. Principal Place of Business <b>5821 Funston street</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Hollywood, Fl</b>	City & State <b>Hollywood, Fl</b>

Zip <b>33023</b>	Country	Zip	Country
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4. FEI Number <b>59-0948602</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LOPILATO, JILL 11606 SUNFISH WAY COOPER CITY FL 33026</b>		7. Name and Address of New Registered Agent	
Name <b>Richard Rubin</b>		Street Address (P.O. Box Number is Not Acceptable) <b>742 Enfield Street</b>	
City <b>Boca Raton</b>		FL	Zip Code <b>33487</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Richard D. Rubin* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>C</b>	<input type="checkbox"/> Delete	TITLE <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUBIN, MILTON H</b>		NAME	
STREET ADDRESS <b>2713 PINEHURST DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WESTON FL 33332</b>		CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOPILATO, JILL</b>		NAME	
STREET ADDRESS <b>8900 NW 34TH STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>COOPER CITY FL 33024</b>		CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUBIN, RICHARD</b>		NAME	
STREET ADDRESS <b>660 NE BROADVIEW DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33431</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard D. Rubin* **305-885-4521**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)