

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010261 AF

**DOCUMENT # A14626**

1. Entity Name

**RUBIN AUTOMOBILE BOULEVARD LIMITED**

Principal Place of Business

**15201 ROOSEVELT BLVD., SUITE 112  
CLEARWATER FL 33760**


Mailing Address

**15201 ROOSEVELT BLVD., SUITE 112  
CLEARWATER FL 33760**

**FILED**

**01 APR 16 PM 12:16**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0835333**

Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUBIN, LESLIE-A**

**15201 ROOSEVELT BLVD., SUITE 112  
CLEARWATER FL 33760**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	<b>436032</b>
NAME	<b>RUBIN DEVELOPMENT CORPORATION</b>
STREET ADDRESS	<b>15201 ROOSEVELT BLVD., SUITE 112</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33760</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	<b>200004080862--6</b> <b>04/26/01--01067--005</b> <b>****150.00 ****150.00</b>
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date **04/10/01** Daytime Phone # **727-530-0021**

CR2E003 (11/00)