

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G07874

1. Entity Name
MARK J. RUTKIN, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90001 044 ***150.00

Principal Place of Business
13330 BISCAYNE ISLAND TERR.
NO. MIAMI FL 33181

Mailing Address
13330 BISCAYNE ISLAND TERR.
NO. MIAMI FL 33181-2248

00074837



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3300 NE. 191ST.
Suite, Apt. #, etc.
#512

3. Mailing Address
Suite, Apt. #, etc.

City & State
Aventura FL.

City & State

Zip
33180

Country
USA

Zip

Country

4. FEI Number **59-2285822**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RUTKIN, MARK J
13330 BISCAYNE ISLAND TERR.
NO. MIAMI FL 33181

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUTKIN, MARK J		NAME		
STREET ADDRESS	13330 BISCAYNE ISLAND TERR		STREET ADDRESS		
CITY - ST - ZIP	NO. MIAMI FL 33181		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		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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 another like empowered.

SIGNATURE: **Signature Required** **4.20.00** **305-792-4504**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #