

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90550 021 \*\*\*150.00

**DOCUMENT # G93012**  
 1. Entity Name  
**HARVEY L. RUBINCHIK, P.A.**

Principal Place of Business <b>1830 N.W. 103RD AVE PLANTATION FL 33322</b>	Mailing Address <b>1830 N.W. 103RD AVE PLANTATION FL 33322</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>62-1195792</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RUBINCHIK, HARVEY L ESQ.**  
**1776 N. PINE ISLAND RD.**  
**SUITE 118**  
**PLANTATION FL 33322**

**7. Name and Address of New Registered Agent**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
	<i>1860 N. Pine Island Rd</i>	<i>Plantation</i>		<i>33322</i>
	<i>Suite 105</i>			

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, typed or printed name of registered agent and title if applicable. (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.  (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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	<b>P</b> <b>RUBINCHIK, HARVEY L ESQ.</b> <b>1776 N. PINE ISLAND RD., STE. 118</b> <b>PLANTATION FL 33322</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>P</b> <b>RUBINCHIK, HARVEY L. ESQ.</b> <b>1830 N.W. 103rd Ave</b> <b>Plantation, FLA. 33322</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:   
 \_\_\_\_\_  
 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HARVEY L. RUBINCHIK** Date: \_\_\_\_\_ Daytime Phone #: **954-452-8144**

CR2E034 (9/01)