




FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90321 045 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # G93012			
1. Entity Name Harvey L. Rubinchik, P.A.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1860 N. Pine Island Rd. Suite, Apt. #, etc. #118 City & State Plantation Zip 33322		3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country	
		4. FEI Number 62-1195792 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name Harvey L. Rubinchik, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 1860 N. Pine Island Rd., #118			
City Plantation FL 33322			
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 		Harvey L. Rubinchik 4/13/05	
9. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	Harvey L. Rubinchik	TITLE	DO NOT WRITE IN THIS SPACE
NAME	1860 N. Pine Island Rd., #118	NAME	
STREET ADDRESS	Plantation, Florida 33322	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE 		Harvey L. Rubinchik 4/13/05 954-424-1488	

CR2E034B (12/02)