


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90929 040 ***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

90086361

2. Principal Place of Business
 1860 N. Pine Island Road

3. Mailing Address
 1860 N. Pine Island Road

Suite, Apt. #, etc.
 105

Suite, Apt. #, etc.
 105

DO NOT WRITE IN THIS SPACE

City & State
 Plantation, FL 33322

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 Plantation, FL 33322

4. FEI Number
 62-1195792

Applied For
 Not Applicable

Zip 33322 Country USA Zip 33322 Country USA

5. Certificate of Status Desired **\$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 Road #105

City **Plantation** **FL** Zip Code **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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

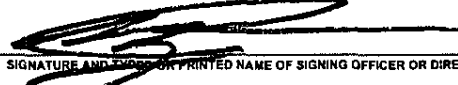
January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harvey L. Rubinchik P/D 1860 N. Pine Island Road #105 Plantation, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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:  **4/9/03** **954-475-9995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #