

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # G97943

1. Entity Name
BINSTOCK, RUBIN, ELLZEY AND COMPANY, P.A.



Principal Place of Business
9100 S DADELAND BLVD 901
SUITE 1600
MIAMI, FL 33156

Mailing Address
9100 S DADELAND BLVD 1600
SUITE 1600
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2388789

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRUBER, PETER G.
9100 S DADELAND BLVD
SUITE 910
MIAMI, FL 33156

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000776192
01/09/08-80014-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BINSTOCK, ALEX S.
STREET ADDRESS	9100 S DADELAND BLVD 1600
CITY-ST-ZIP	MIAMI, FL
TITLE	ST
NAME	ELLZEY, RANDALL C.
STREET ADDRESS	9100 S DADELAND BLVD 1600
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	RUBIN, RONALD E.
STREET ADDRESS	9100 S DADELAND BLVD 1600
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #