

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H35629

1. Entity Name

SHIRLEY RUDO AND ASSOCIATES, INC.

Principal Place of Business

% SHIRLEY RUDO
995 N. MIAMI BCH BLVD #142
N. MIAMI BEACH FL 33162

Mailing Address

% SHIRLEY RUDO
995 N. MIAMI BCH BLVD #142
N. MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-3336234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUDO, SHIRLEY
995 N. MIAMI BEACH RD
MIAMI FL 33162

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

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, 2001 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 DPS ☐ Delete
NAME RUDO, SHIRLEY
STREET ADDRESS 15330 STRATHEARN DR #12001
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUDO, DAVID
STREET ADDRESS 823 HAPPFIELD DRIVE
CITY-ST-ZIP ARLINGTON HEIGHTS IL 60004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUDO, DIANE
STREET ADDRESS 2841 CHESAPEAKE ST NW
CITY-ST-ZIP WASHINGTON DC 20008

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUDO, SAUL
STREET ADDRESS 510 SUSAN LANE
CITY-ST-ZIP DEERFIELD IL 60015

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90094 047 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)