

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K74207

1. Entity Name

D.B. & L. CONSULTANTS, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90034 042 \*\*\*150.00

Principal Place of Business

Mailing Address

% HAROLD RUBIN  
1410 SHERIDAN ST  
HOLLYWOOD FL 33020

% HAROLD RUBIN  
1410 SHERIDAN ST  
HOLLYWOOD FL 33020-7213

2. Principal Place of Business

1410 SHERIDAN ST.

3. Mailing Address

1410 SHERIDAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

121

121

City & State

City & State

HOLLYWOOD FL.

HOLLYWOOD FL.

Zip

Zip

33020

Country

FLORIDA

Country

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, HAROLD  
1410 SHERIDAN ST  
HOLLYWOOD FL 33020

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	RUBIN, HAROLD	1410 SHERIDAN ST	HOLLYWOOD FL 33020				
D	RUBIN, DON	1410 SHERIDAN ST	HOLLYWOOD FL 33020				
D	RUBIN, BARRY	1410 SHERIDAN ST	HOLLYWOOD FL 33020				
D	RUBIN, RUTH	1410 SHERIDAN ST	HOLLYWOOD FL 33020				
D	RUBIN, LEE	1410 SHERIDAN ST	HOLLYWOOD FL 33020				

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: *Harold Rubin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00 (954) 920-6066

CR2E034 (9/99)