

2001 UNIFORM BUSINESS REPORT (UBR)

0014947 AF

DOCUMENT # L00000003765

1. Entity Name

REVITA.NET LIMITED COMPANY

FILED

01 APR -2 PM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6616 VIA REGINA
BOCA RATON FL 33433

Mailing Address

6616 VIA REGINA
BOCA RATON FL 33433

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1071408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN
700 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name Lee Rubin
Street Address (P.O. Box Number is Not Acceptable)
6616 Via Regina
City Boca Raton FL Zip Code 33433

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

J. D. Rubin, Lee D. Rubin Manager

1/17/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

7000003994407-2
-04/12/01--01066--021
*****50.00--*****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME RUBIN, LEE
STREET ADDRESS 6616 VIA REGINA
CITY-ST-ZIP BOCA RATON FL 33433

TITLE MGR ☐ Delete
NAME WHITE, MICHAEL
STREET ADDRESS 9572 CYPRESS PARK WAY
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

J. D. Rubin, Lee D. Rubin

2/14/01

561-368-7395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)