

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90542 033 \*\*\*150.00

**DOCUMENT # M41366**

1. Entity Name  
**RUBIN'S STONE HOUSE, INC.**

Principal Place of Business  
**C/O JEFFREY M. PERLOW  
1820 E HALLANDALE BCH BV  
HALLANDALE FL 33009**

Mailing Address  
**C/O JEFFREY M. PERLOW  
1820 E HALLANDALE BCH BV  
HALLANDALE FL 33009**

2. Principal Place of Business  
**20801 Biscayne Boulevard**

3. Mailing Address  
**20801 Biscayne Boulevard**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 505**

**Suite 505**

City & State

City & State

**Aventura, FL**

**Aventura, FL**

Zip  
**33180**

Country  
**USA**

Zip  
**33180**

Country  
**USA**

4. FEI Number **65-0289787**

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

**PERLOW, JEFFREY M.  
C/O PERLMAN & PERLOW, P.A.  
1820 E HALLANDALE BEACH BV  
HALLANDALE FL 33009**

Name  
**Jeffrey M. Perlow**  
Street Address (P.O. Box Number is Not Acceptable)  
**20801 Biscayne Boulevard, #505**  
City  
**Aventura FL** Zip Code  
**33180**

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  
**3/5/02**

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, 2002 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 **P. KOTAHWALA, VINOD** ☐ Delete  
STREET ADDRESS **36 NE 1ST ST., ROOM 335**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE  
NAME **ST JAIN, LAKHPAT** ☐ Delete  
STREET ADDRESS **36 NE 1ST ST., ROOM 335**  
CITY-ST-ZIP **MIAMI FL**

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  
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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

4/23/02

Date Daytime Phone #

CR2E034 (9/01)