

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90046 016 \*\*\*150.00

**DOCUMENT # P00000057838**

1. Entity Name  
**RUBI OF SOUTH FLORIDA, INC.**

Principal Place of Business

**7935 ALHAMBRA BLVD  
MIRAMAR FL 33023**

Mailing Address

**7935 ALHAMBRA BLVD  
MIRAMAR FL 33023**

2. Principal Place of Business

**2727 N. Andrews Ave. #125**

Suite, Apt. #, etc.

**#125**

City & State

**Wilton Manors, FL**

Zip

**33311**

Country

**USA**

3. Mailing Address

**52 W. OAKLAND PARK Blvd**

Suite, Apt. #, etc.

**#211**

City & State

**Wilton Manors, FL**

Zip

**33311**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1015180**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, RICHARD  
7935 ALHAMBRA BLVD  
MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name **DARNELL R. Kimbrew**

Street Address (P.O. Box Number is Not Acceptable)

**2727 N. Andrews Ave**

**#125**

City

**Wilton Manors**

**FL**

Zip Code

**33311**

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 **Darnell R. Kimbrew**

**Director**

**01-01-2001**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DARNELL Kimbrew** **Darnell R. Kimbrew** **Director**

**1-1-2001**

**954 567 2792**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)