

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057838

1. Entity Name
RUBI OF SOUTH FLORIDA, INC.

FILED

01 APR 20 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



AMENDED-UBR

Principal Place of Business	Mailing Address
7' MR:	

2. Principal Place of Business 2727 N. Andrews Ave. #125 Suite, Apt. #, etc. 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
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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	7. Name and Address of New Registered Agent
	Name DARNELL R. Kimbrow 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 Kimbrow Signature, typed or printed name of registered agent and title if applicable.	Director (NOTE: Registered Agent signature required when reinstating)	04/18/2001 DATE
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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 \$650.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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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 Kimbrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Director
4/18/2001
Date
954.567.2792
Daytime Phone #