

Amended
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057838
1. Entity Name
RUBI OF SOUTH FLORIDA, INC.

FILED

02 JUN 10 PM 2:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**7935 ALHAMBRA BLVD
MIRAMAR FL 33023**

Mailing Address
**7935 ALHAMBRA BLVD
MIRAMAR FL 33023**

2. Principal Place of Business
**52 W. Oakland PARK Blvd
Suite, Apt. #, etc.
211
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

6. Name and Address of Current Registered Agent

4. FEI Number
65-1015180

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
☐ Not Applicable

7. Name and Address of New Registered Agent
Name
DARNELL R. Kimbrow
Street Address (P.O. Box Number is Not Acceptable)
**52 W. Oakland PARK Blvd
211
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 Ray Kimbrow** Director **6/8/02**
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	☐ Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	

3. 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 Ray Kimbrow** Director **6/8/02** **954 579 7824**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #