

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**  
 07-25-2001 90001 020 \*\*\*150.00

**DOCUMENT # P00000101769**

1. Entity Name

**RUTHLYN B. RUBIN, PA**

Principal Place of Business

**3695 MYKONOS CT.  
 BOCA RATON FL 33487-1282**

Mailing Address

**3695 MYKONOS CT.  
 BOCA RATON FL 33487-1282**

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

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RUBIN, RUTHLYN B  
 3695 MYKONOS CT.  
 BOCA RATON FL 33487-1282**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME           | <b>PRESIDENT</b>   |
| STREET ADDRESS | <b>RUTHLYN B. RUBIN</b>  |
| CITY-ST-ZIP    | <b>3695 MYKONOS CT.<br/>             BOCA RATON, FL 33487-1282</b> |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Ruthlyn B. Rubin*

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/13/01**  
 Date

**(561) 995-9920**  
 Daytime Phone #

ATTACHMENT  
BOOK 60631  
July 12, 2001

Ruthlyn B. Rubin  
3695 Mykonos Ct.  
Boca Raton, FL 33487-1282

P00000101769

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

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Re: Ruthlyn B. Rubin, P.A.

Dear Sir or Madam:

Enclosed please find the 2001 Uniform Business Report for the above named corporation.

The state sent me a copy of this report, indicating that I should file now, and the fee is \$550.00.

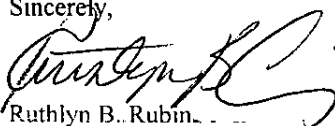
I never received the original mailing sent out, which would have allowed me to file by May 1, with the \$150.00 fee.

I assume this occurred because I incorporated in late 2000, and the state never sent me out the first mailing.

Please accept this filing, together with the enclosed \$150.00 filing fee.

Thank you for your consideration in this matter. Please contact me if you have any additional questions.

Sincerely,



Ruthlyn B. Rubin