

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-07-2002 90006 039 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-114491 APPLIED FOR

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

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

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 \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 P
NAME RUBIN, RUTHLYN B
STREET ADDRESS 3695 MYKONOS COURT
CITY-ST-ZIP BOCA RATON FL 33487-1282 ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(f), 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 info empowered.

SIGNATURE:

RUTHLYN B. RUBIN

1/3/02

561-241-9485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CH2E034 (9/01)

Attachment
14218
HP 00000101989

AMOUNT OF DEPOSIT (Do NOT type, please print.)		Darken only one TYPE OF TAX		Darken only one TAX PERIOD	
DOLLARS	CENTS				
		☐ 941	☐ 945	☐ 1st	Quarter
		☐ 990-C	☐ 1120	☐ 2nd	Quarter
		☐ 943	☐ 990-T	☐ 3rd	Quarter
		☐ 720	☐ 990-PF	☐ 4th	Quarter
		☐ CT-1	☐ 1042		
		☐ 940			

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN **65-1144991** **221712**

RUTHLYN B RUBIN PA
3695 MYKONOS CT
BOCA RATON FL 33487-1282

IRS USE ONLY
☐

07 2 Telephone number ()

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2000)

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FEI # 65-1144991