2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000075820 DOCUMENT

1. Entity Name MARLENE LEON-RUBIDO, P.A.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90055 003 ***150.00

Daytime Phone #

							TES						
Principal Place of Business 6780 CORAL WAY MIAMI FL 33155			Mailing Address 6780 CORAL WAY MIAMI FL 33155										
2. Principal P	lace of Busin	ess	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FEII	Number			<u> </u>	plied For ot Applicable	
Zip (Country			Zip Coun			ry		5. Certificate of Status Desired				8.75 Add ee Required	
	6. Name	and Address of Current	Registere	ed Agent	1	·		7. Nam	e and Address of N	lew Reg	istered A	gent	
						Name							
LEON-RUE	LEON-RUBIDO, MARLENE			<u> </u>			Street Address (P.O. Box Number is Not Acceptable)						
6780 CORAL WAY						Street At	JGIESS (F.O. BOX 1	TOTAL STATE OF THE				
MIAMI FL	33155												
					!	City					FL	Zip Code	8
	named entity tions of registe	submits this statement fered agent.	or the purp	ose of changing its	registere	d office or	register	red agent,	or both, in the State	of Floric	da. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if app	olicable. (NOT	E: Registered	Agent signate	ure required	d when reinsta	ating)		DATE		
Afte	r May 1, 200	! FEE IS \$150.00)3 Fee will be \$550.00 Florida Department				-			9. Election Campai Trust Fund Conti	-	ncing		0 May Be d to Fees
10.	*	OFFICERS ANI		DRS	11.			ADDIT	TIONS/CHANGES TO	O OFFIC	ERS AND	DIRECTORS	S IN 11
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NAME	LEON-RUE	BIDO, MARLENE			NAM		Le	on-t	200100,	Λ	, , , , _		
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CITY-ST-ZIP	<u> </u>	, N. S.				-ST-ZIP	L						:-f
12. I hereby indicated of the co-	certify that the don this repo progration or t d, or on an att	e information supplied wi rt or supplemental report he receiver or trustee em achment with an address	th this filing is true and powered to , with all ot	g does not qualify for accurate and that be execute this report her like empowered	or the exe my signa vas redui	mption sta ture shall h red by Cha	ted in S nave the apter 60	ection 119 same leg 7, Florida	e.07(3)(i), Florida Stated at effect as if made (Statutes; and that m	itutes. I f under oa y name :	urtner cer ith; that I a appears ir	uny that the i im an officer i Block 10 o	r or director r Block 11 if