

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-26-2007 90078 035 ***150.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 21 PM 2:32

DOCUMENT # P06000108025

1. Entity Name
RUBUR I, INC.



Principal Place of Business
12108 SW 72 TERRACE
MIAMI FL 33183

Mailing Address
12108 SW 72 TERRACE
MIAMI FL 33183



REINSTATEMENT
1st MOORE CR2E034 (10/06)

07-08

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

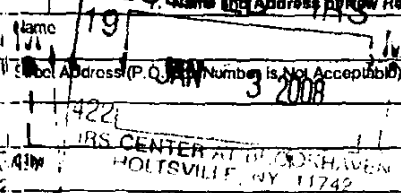
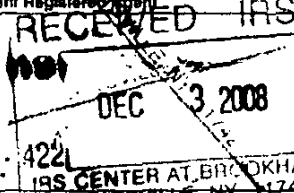
4. FEI Number
20-5674326

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

URRUTIA, RUBEN O.
12108 SW 72 TERRACE
MIAMI FL 33183



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered agent signatures required when transferring)

(DATE)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME
DPS
URRUTIA, RUBEN O.
STREET ADDRESS
12108 SW 72 TERRACE
CITY, ST, ZIP
MIAMI FL 33183

NAME
STREET ADDRESS
CITY, ST, ZIP
300130904583
06/05/08--01028--006 **150.00

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NAME
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CITY, ST, ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-431-1311

1062

10/11/07 2012

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 5700
Tallahassee FL 32314

Gentlemen:

Ref: RUBEN I INC
12108 SW 72nd Ter
MIAMI FL 33183
Document
PC6000108025

I have received Notice of Default
to dissolve my corporation.

This must be an error or misunderstanding because at the beginning of
this year I filed a renewal with
my payment check # 854 dated on
2/8/07 for \$150⁰⁰, copy of the
check is included.

Kindly I would appreciate
the clarification of this matter.

Please contact me as soon
as possible.

Sincerely,

RUBEN C. URRUTIA M.D.
12108 SW 72nd TERRACE
MIAMI FL 33183,
DOCUMENT # PC6000108025

422 CENTER AT BROOKHAVEN
IRS HOLTSVILLE
JAN 3 2008

RECEIVED IRS
DEC 3 2008
422
IRS CENTER AT BROOKHAVEN
HOLTSVILLE, NY 11742