

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051074

1. Entity Name

JANICE LAVERNIA RUBIN, P.A.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90029 042 ***150.00

Principal Place of Business

7695 SW 104TH ST
100
MIAMI FL 33156
US

Mailing Address

7695 SW 104TH ST
100
MIAMI FL 33156-3159
US

2. Principal Place of Business

7685 SW 104th Street
Suite, Apt. #, etc.
210

3. Mailing Address

7685 SW 104th Street
Suite, Apt. #, etc.
210

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0503462

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBIN JANICE LAVERNIA

7695 SW 104TH ST #100

MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Janice Lavernia Rubin

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

7685 SW 104th Street

Suite 210

City

Miami

FL

Zip Code

33156

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.

Janice Lavernia Rubin

1-5-00

(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, 2000 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 D ☐ Delete
NAME RUBIN JANICE L
STREET ADDRESS 7695 SW 104TH ST #100
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Additio
NAME Janice Lavernia Rubin
STREET ADDRESS 7685 SW 104th Street, Suite 210
CITY-ST-ZIP Miami, FL 33156

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Additio
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice Lavernia Rubin

1-5-00

(305) 661-3700

Date

Daytime Phone #