

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State
 02-05-2000 90029 042 ***150.00

DOCUMENT # P94000051074

1. Entity Name

JANICE LAVERNIA RUBIN, P.A.

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RUBIN JANICE LAVERNIA~~
~~7695 SW 104TH ST #100~~
 MIAMI FL 33156

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

Janice Lavernia Rubin

1-5-00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **RUBIN JANICE L**
 STREET ADDRESS ~~**7695 SW 104TH ST #100**~~
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE Delete
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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:

Janice Lavernia Rubin

1-5-00

(305) 661-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #