

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096575 (2)

1. Corporation Name

ELLIS RUBIN, P.A.



Principal Place of Business

333 NE 23RD ST
MIAMI FL 33137

Mailing Address

333 NE 23RD ST
MIAMI FL 33137

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

12/21/1995

3a. Date of Last Report

4. FEI Number

65-0628588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81. Name

Ellis Rubin

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

333 NE 23rd St

83

84. City

Miami

FL

85. Zip Code

33137

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Ellis S. Rubin

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

(NOTE: Registered Agent signature required when reinstating)

4-10-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

DP
RUBIN, ELLIS
333 NE 23RD ST
MIAMI FL 33137

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☐ Change

☒ Addition

1.2 NAME

Ellis Rubin

1.3 STREET ADDRESS

333 NE 23rd St. Miami, FL 33137

1.4 CITY-ST-ZIP

2.1 TITLE

Vice President

☐ Change

☐ Addition

2.2 NAME

Ellis Rubin

2.3 STREET ADDRESS

333 NE 23rd St. Miami, FL 33137

2.4 CITY-ST-ZIP

3.1 TITLE

Secretary Ellis Rubin

☐ Change

☒ Addition

3.2 NAME

333 NE 23rd St

3.3 STREET ADDRESS

Miami, FL 33137

3.4 CITY-ST-ZIP

4.1 TITLE

Treasurer

☐ Change

☒ Addition

4.2 NAME

Ellis Rubin

4.3 STREET ADDRESS

333 NE 23rd St. Miami, FL 33137

4.4 CITY-ST-ZIP

5.1 TITLE

Director

☐ Change

☒ Addition

5.2 NAME

Ellis Rubin

5.3 STREET ADDRESS

333 NE 23rd St. Miami, FL 33137

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 as changed or on an attachment with an address.

SIGNATURE:

Ellis S. Rubin ELLIS S. RUBIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

Date

305-576-5600

Daytime Phone

CR2E034 (12/95)