

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 91009 023 \*\*\*150.00

**DOCUMENT #** P 96000009863

1. Entity Name

Utility Management, Inc.



**DO NOT WRITE IN THIS SPACE**

70054078

2. Principal Place of Business

500 Fedhaven Circle

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 402279

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fedhaven, FL

City & State

Miami Beach, FL

4. FEI Number

59-3407002

Applied For

Not Applicable

Zip

33854

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Mark R. Rubin

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

777 Arthur Godfrey Rd.

City

Miami Beach,

FL

Zip Code

33140

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 signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	Rubin, Mark R.	777 Arthur Godfrey Rd.	Miami Beach, FL 33140
D	Andrews, Robert M	5032 Brandywine Way	Stuart, FL 34997
D	Dooley, Richard	207 Lake Street	Evanston, IL 60201
D	Giovanna, Charles Di	64 W. Brother Dr.	Greenwich, CT 06830

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other, like empowered.

**SIGNATURE:**

Mark R. Rubin

4/24/03

305-538-4314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)