

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066239

1. Entity Name

FERBER ENTERPRISES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90104 042 ***150.00

Principal Place of Business

Mailing Address

C/O KUTNER, RUBINOFF & BUSH
501 N.E. FIRST AVENUE
MIAMI FL 33132-1998

C/O KUTNER, RUBINOFF & BUSH
501 N.E. FIRST AVENUE
MIAMI FL 33132-1960

2. Principal Place of Business

3. Mailing Address

Subway 1182
Suite, Apt. #, etc.
1552 S Dixie Hwy
City & State
Loral Gables FL
Zip
33146 Country
USA

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Suite, Apt. #, etc.
1552 S Dixie Hwy
City & State
Loral Gables FL
Zip
33146 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0695837**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBINOFF, EDWARD G
C/O KUTNER, RUBINOFF & BUSH, P.A.
501 N.E. FIRST AVENUE
MIAMI FL 33132-1998

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D FERBER, JONATHAN A 5555 S.W. 101ST STREET MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jonathan A. Ferber* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00 Date (305) 661-0919 Daytime Phone #

CR2E034 (9/99)