

# 2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # P97000011989

1. Entity Name

LILY RUBIN, L.M.T., C.N.M.T., P.A.

Principal Place of Business

~~4114 HERSCHEL STREET~~  
JACKSONVILLE FL 32210

Mailing Address

~~4114 HERSCHEL STREET~~  
JACKSONVILLE FL 32210

2. Principal Place of Business

4220 St. Johns Ave.

Suite, Apt. #, etc.

3. Mailing Address

4220 St. Johns Ave

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville, FL

Zip

32210

Country

USA

Zip

32210

Country

USA

4. FEI Number

59-3437082

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBIN, LILY  
4114 HERSCHEL STREET  
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

Lily Rubin

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

4220 St. Johns Avenue

City

Jacksonville

FL

Zip Code

32210

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.

(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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS RUBIN, LILY  
CITY-ST-ZIP 5143 SHIRLEY AVE  
JACKSONVILLE FL 32210

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 2000003434502--3  
STREET ADDRESS -10/23/00--01017--023  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

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

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

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TITLE ☐ Change ☐ Addition  
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:

*Lily Rubin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-00

Date

904 384-0701

Daytime Phone #

KE

2 of 2

Lily Rubin; LMT, CNMT



MA 0020235

October 10, 2000

Dear Division of Corporations,

I am a licensed massage therapist who has incorporated myself under my name of Lily Rubin; LMT, CNMT, P.A. I was working as an independent contractor with a chiropractor for  $4\frac{1}{2}$  years until I opened my own clinic last October 1999. Even though I left on very good terms from the chiropractor's office, forwarding my mail has not been a priority for them. I was given the enclosed past due notice the other day and at this point my corporation has been effectively dissolved.

Considering these circumstances and my good faith intent to maintain my corporate status, I am hoping you can show leniency in reviewing my plea to reinstate me. Please inform me with any future correspondence to my business address enclosed with my check of \$150. Thank you for all your consideration in this matter.

Most sincerely,  
Lily Rubin LMT