

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90024 023 ***150.00

DOCUMENT # P98000035782

1. Entity Name

JAMES K. RUBIN, P.A.

Principal Place of Business

Mailing Address

**3161 S OCEAN DR. SUITE 605
HALLANDALE FL 33009**

**3161 S OCEAN DR. SUITE 605
HALLANDALE FL 33162-4515**

100010

2. Principal Place of Business

1100 NE 163 ST.

3. Mailing Address

1100 NE 163 ST.

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

33162

Country

USA

33162

Country

USA

4. FEI Number

65-0829707

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

**RUBIN, JAMES K
3161 S OCEAN DR, SUITE 605
HALLANDALE FL 33009**

Name

James K. Rubin

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

1100 NE 163 St, Suite 101

North Miami Beach

FL

33162

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

1-27-00

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 **PSTD** ☐ Delete
NAME **RUBIN, JAMES K**
STREET ADDRESS **3161 S OCEAN DR, SUITE 605**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **James K. Rubin**
STREET ADDRESS **1100 NE 163 ST. Suite 101**
CITY-ST-ZIP **North Miami Beach FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00

Date

(305) 940-7005

Daytime Phone #

CR2E034 (9/99)