

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089165

1. Entity Name  
IDEAL PROCESSING SOLUTIONS, INC.

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90102 011 \*\*\*150.00

Principal Place of Business

13242 NW 10 TERR  
MIAMI FL 33182

Mailing Address

13242 NW 10 TERR  
MIAMI FL 33182

C0041140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2460 SW 137 Ave

3. Mailing Address

Suite, Apt. #, etc.

# 251

City & State

MIAMI FL

City & State

Zip

33175

Country

US

4. FEI Number 65-0870855

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

SENOR, MIRIAM S  
13242 NW 10 TERR  
MIAMI FL 33182

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

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 \$150.00**  
**After MAY 1, 2001 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 SD ☐ Delete  
NAME RUBIO, MICHAEL P  
STREET ADDRESS 13242 NW 10TH TERRACE  
CITY-ST-ZIP MIAMI FL 33182

TITLE President ☒ Change ☐ Addition  
NAME Rubio, Michael P.  
STREET ADDRESS 13242 NW 10th Terrace  
CITY-ST-ZIP Miami FL 33182

TITLE STD ☐ Delete  
NAME RUBIO, JENNIFER S  
STREET ADDRESS 1032 NW 133 COURT  
CITY-ST-ZIP MIAMI FL 33182

TITLE Secretary ☒ Change ☐ Addition  
NAME Rubio, Jennifer S.  
STREET ADDRESS 1032 NW 133 Ct  
CITY-ST-ZIP Miami FL 33182

TITLE TD ☐ Delete  
NAME SENOR, MIRIAM S.  
STREET ADDRESS 13242 NW 10 TERR  
CITY-ST-ZIP MIAMI FL 33182

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)