

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070091

1. Entity Name

ARTHUR RUBIN EA PA

Principal Place of Business

649 5TH AVE. S., 2ND FLOOR  
NAPLES FL 34102

Mailing Address

649 5TH AVE. S., 2ND FLOOR  
NAPLES FL 34102

2. Principal Place of Business

10001 TAMiami TRAIL N  
Suite, Apt. #, etc.

3. Mailing Address

10001 TAMiami TRAIL N  
Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34102

Country

Zip

FL

Country

FL

4. FEI Number

59-3589501

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, ARTHUR  
649 5TH AVE. S., 2ND FLOOR  
NAPLES FL 34102

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 ☐ Delete  
NAME P  
STREET ADDRESS RUBIN, ARTHUR  
CITY-ST-ZIP 549 FIFTH AVE S  
NAPLES FL 34102

TITLE ☒ Change ☐ Addition  
NAME ARTHUR RUBIN  
STREET ADDRESS 10001 TAMiami TRAIL N  
CITY-ST-ZIP NAPLES FL 34102

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  
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CITY-ST-ZIP

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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 #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)