

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90065 041 ***150.00

DOCUMENT # 160235

1. Entity Name
INSURANCE ASSOCIATES AGENCY, INC.

Principal Place of Business C/O LYNN W FROMBERG 20801 BISCAYNE BLVD., STE. 505 N. MIAMI BCH. FL 33180 US	Mailing Address C/O LYNN W FROMBERG 20801 BISCAYNE BLVD., STE. 505 N. MIAMI BCH. FL 33180-1400 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-0606972	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
DADE COUNTY CORPORATE AGENTS, INC 20801 BISCAYNE BLVD SUITE 505 NORTH MIAMI BEACH FL 33180	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	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALLANT, JOSEPH L	NAME	
STREET ADDRESS	1201 W AVE #4	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 19	CITY-ST-ZIP	
TITLE	DVAS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROMBERG, RHONA SUE	NAME	
STREET ADDRESS	20801 BISCAYNE BLVD, STE 505	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	CITY-ST-ZIP	
TITLE	DVS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROMBERG, LYNN W.	NAME	
STREET ADDRESS	20801 BISCAYNE BLVD, STE 505	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Lynn W. Fromberg* **LYNN W. FROMBERG** 2/11/00 305-433-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)