

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90143 007 ***150.00

DOCUMENT # 541159

1. Entity Name

FLORIDA INTERNATIONAL INSURANCE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

9690 N.W. 41ST STREET, SUITE #1
 MIAMI FL 33178

9690 N.W. 41ST STREET, SUITE #1
 MIAMI FL 33022-1680

2. Principal Place of Business

3. Mailing Address

2455 Hollywood Blvd
 Suite, Apt. #, etc.
Ste 308

P.O. 221680
 Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
59-1751170

Applied For
 Not Applicable

Zip
33020

Country
BROWARD - USA

Zip
33022

Country
BROWARD USA

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

GOLDBERG, JACK
 9690 N.W. 41ST STREET, SUITE #1
 MIAMI FL 33178

(Address change only)

Name **Jack Goldberg**
 Street Address (P.O. Box Number is Not Acceptable)
2455 Hollywood Blvd
Ste 308
 City **Hollywood** FL Zip Code **33020**

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 *Jack Goldberg, Pres.* *Jack Goldberg, Pres.* *4/17/00*
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, 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, JACK 9690 NW 41ST STREET #1 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Goldberg, Jack 2455 Hollywood Blvd Ste 308 Hollywood, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOLDBERG, MICHAEL 9690 NW 41ST ST S #1 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Goldberg Michael 2455 Hollywood Blvd Ste 308 Hollywood, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael Goldberg, Sec'y* *Michael Goldberg (Sec'y)* *4/17/00* *(954) 455-7746*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)