

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90173 017 \*\*\*150.00

**DOCUMENT # G57599**

1. Entity Name  
**PUBLIC ASSURANCE GROUP LTD., INC.**

Principal Place of Business

2599 NW 63RD LANE  
 BOCA RATON FL 33496  
 US

Mailing Address

2599 NW 63RD LANE  
 BOCA RATON FL 33496-2007  
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*Lawrence Felder*  
 Suite, Apt. #, etc.  
 1417 SE 1st Ave

3. Mailing Address

*c/o Lawrence Felder*  
 Suite, Apt. #, etc.  
 1417 SE 1st Ave

City & State  
 Fort Lauderdale, FL

City & State  
 Fort Lauderdale, FL

4. FEI Number **59-2317596**

Applied For  
 Not Applicable

Zip  
 33316

Country  
 USA

Zip  
 33316

Country  
 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

ROSNER, DAVID N.  
 2599 NW 63RD LANE  
 BOCA RATON FL 33496

Name *Lawrence Felder*

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

*1417 SE 1st Ave*

City *Fort Lauderdale FL* Zip Code *33316*

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 *Lawrence Felder*  
 Signature, typed or printed name of registered agent and title if applicable.

*2/21/2000*  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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 **SD**  Delete  
 NAME **MEARS, MICHELLE**  
 STREET ADDRESS **318 E RIVERBEND DRIVE**  
 CITY-ST-ZIP **SUNRISE FL 33328**

TITLE **SD**  Change  Addition  
 NAME *Rosner, David*  
 STREET ADDRESS *2599 NW 63rd Lane*  
 CITY-ST-ZIP *Boca Raton, FL 33496*

TITLE **T**  Delete  
 NAME **SUTTON, RANDY**  
 STREET ADDRESS **318 E RIVERBEND DRIVE**  
 CITY-ST-ZIP **SUNRISE FL 33328**

TITLE **T**  Change  Addition  
 NAME *Erwin J. Ross*  
 STREET ADDRESS *17450 SW 11th Ct*  
 CITY-ST-ZIP *Davie, FL 33325*

TITLE **PD**  Delete  
 NAME **ROSNER, DAVID**  
 STREET ADDRESS **2599 NW 63RD LANE**  
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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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:

*David N. Rosner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/5/00*  
 Date

Daytime Phone #

*David N. Rosner, President*

CR2E034 (9/99)