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# 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

#### Apr 04, 2001 8:00 am **DOCUMENT # K03785** Secretary of State SOUTHGATE INSURANCE AGENCY, INC. 04-04-2001 90105 047 \*\*\*158.75 Principal Place of Business Mailing Address % E.H. ASMAR % E.H. ASMAR 219 COUTH STATE ROAD SEVEN 219 30UTH STATE ROAD SEVEN MARIOATE FL 69068 MARGATE PL 33868 2. Principal Place of Business 3. Mailing Address 246 NORTH FEDERAL HWY 246 NORTH FEDERAL HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0016957 POMPANO BEACH FLORIDA POMPANO BEACH FLORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired BROWARD BLOWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ASMAR, EDOUARD HANNA 210 C. STATE ROAD 7 246 NORTH FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 3968 POMPANO BEACH, FL 33062 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) PRESIDENT ~ ☐ Change TITLE Delete TITLE EDOUARD H. ASMAR APPLEGATE, FRED W III NAME NAME 246 NORTH FEDERAL HWY 219 SOUTH STATE RD SEVEN STREET ADDRESS STREET ADDRESS POMPANO BEAU, FL 33 0 62 CITY-ST-ZIP CITY-ST-7IP MARGATE FL 33068 Change Delete TITLE TITLE FRED W APPLEGATE GARCIA, CRISELDA ROSA NAME NAME 246 HORTH FEDERAL HWY STREET ADDRESS STREET ADDRESS 219 SOUTH STATE RD, SEVEN POMPANO BEALY FL 33062 CITY-ST-ZIP CITY-ST-ZIP MARGATE.FL.33068 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 area himment with an address, with all other like empowered.

EDOUARD H. ASMAR, PLES. 04-01-2001 954.942.4400

attachmout# KO3785

# SOUTHGATE INSURANCE AGENCY, INC. 219 South State Road Seven Margate, Florida 33068

521442

Date: March 6<sup>th</sup>. 2001

To : All our Underwriters, Suppliers, Customers and Producers Etc...

From : Edouard ( Eddie) ASMAR, President

Re : Change of Address

We are pleased to announce that effective Monday, April 2<sup>nd</sup>. 2001, our Offices located in MARGATE, FLORIDA, will be closed and the STAFF will be joining our POMPANO BEACH, FLORIDA, offices.

As of that date, you may contact us as follows:

## MAILING AND PHYSICAL ADDRESS:

Southgate Insurance Agency, Inc. 246 North Federal Highway Pompano Beach, Florida 33062

## PHONES/FAX NUMBERS:

Phones: 954-979-4034 & 954-942-4400 & 954-979-4066

Faxes: 954-972-6645 & 954-942-4402

Please feel free to send your mail to our new address effective immediately