

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001010

1. Entity Name
NATIONAL DIVERSIFIED INSURANCE AGENCY, L.C.

Principal Place of Business
% BUTZEL LONG
SUITE 411, 1200 N. FEDERAL HIGHWAY
BOCA RATON FL 33432

Mailing Address
% BUTZEL LONG
SUITE 411, 1200 N. FEDERAL HIGHWAY
BOCA RATON FL 33432-2847



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6740 W. Commercial Blvd
Suite, Apt. #, etc.

3. Mailing Address
6740 W. Commercial Blvd
Suite, Apt. #, etc.

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale FL

Zip
33319

Country
USA

Zip
33319

Country
USA

4. FEI Number
65-0975410

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FORBES, PHILIP H
% BUTZEL LONG
SUITE 411, 1200 N. FEDERAL HIGHWAY
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
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]* MGR Allen Gelman DATE 5/16/2002

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GELMAN, ALLEN % BUTZEL LONG, #411, 1200 N. FEDERAL HWY. BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAPLAN, BARRY % BUTZEL LONG, #411, 1200 N. FEDERAL HWY. BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GHANG, MARIO % BUTZEL LONG, #411, 1200 N. FEDERAL HWY. BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERNANDEZ, JOSEPH H % BUTZEL LONG, #411, 1200 N. FEDERAL HWY. BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRAND, CRAIG % BUTZEL LONG, #411, 1200 N. FEDERAL HWY. BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BELLEHUMEUR, DENNIS % BUTZEL LONG, #411, 1200 N. FEDERAL HWY. BOCA RATON FL 33432 <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003283732--8 -06/09/00--01113--014 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. GHANG, MARIO 6740 West Commercial Blvd Ft. Lauderdale FL 33319 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* MGR Allen Gelman DATE 5/16/2002 954-742-8998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CRZE083 (9/99)