

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91102 007 ***150.00

DOCUMENT # P00000011427

1. Entity Name
EQUITABLE INSURANCE BROKERS, INC.

Principal Place of Business Mailing Address
~~6224 N.E. 2ND AVENUE MIAMI FL 33138~~ *9612 N.E. 2nd Ave. Miami, FL 33138*
~~MIAMI FL 33138~~ *MIAMI SHORES, FL 33138*



2. Principal Place of Business *9612 N.E. 2nd Avenue*
 Suite, Apt. #, etc.

3. Mailing Address *9612 N.E. 2nd Avenue*
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Miami Shores, FL*
 Zip *33138* Country *Dade*

City & State *Miami, Florida*
 Zip *33138* Country *Dade*

4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JABOUIN, ROSE M
1121 N.E. 202ND STREET
MIAMI FL 33179

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, 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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JOBOUIN, ROSE M <input type="checkbox"/> Delete 6224 N.E. 2ND AVENUE MIAMI FL 33138 <i>1121 N.E. 202nd Street Miami, FL 33179</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VI HONORE, MATHIAS M <input type="checkbox"/> Delete 871 N.E. 195TH STREET, APT. 401 MIAMI FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/00)

attachment
D# P00000011427
B0045315

04/24/01

To Whom It may Concern:

Please amend the following
Addresses to read as follows:

please see Attached.

Thank You,
Rose