2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0276143 AV

APPROVED AND FILED

03 MAY -1 AM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108076

1. Entity Name
ASSUREX INC.
ASSUREUS INC.

Principal Place of Business
1880 NORTHEAST 163RD STREET
NORTH MIAMI BEACH FL 33162

Mailing Address
1880 NORTHEAST 163RD STREET
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1150896 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DRUIN
ORVIN, AVIVA
1880 NE 163RD ST
NORTH MAIMI BEACH FL 33162
MIAMI

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MENAKER, GENNADY 1880 NORTHEAST 163RD STREET NORTH MIAMI BEACH FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100020429341 06/04/03--01003--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRUIN ORVIN, AVIVA 1880 NE 163RD ST NORTH MIAMI BEACH FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 Date 3059569373 Daytime Phone #