

2002 UNIFORM BUSINESS REPORT (UBR)

4/1:

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90050 003 \*\*\*150.00

**DOCUMENT # P93000026260**  
 1. Entity Name  
**AMERICAN BROTHERS CASUALTY CORPORATION**

Principal Place of Business <b>3440 NW NORTH RIVER DRIVE                  #450                  MIAMI FL 33142                  US</b>	Mailing Address <b>P. O. BOX 421703                  #450                  MIAMI FL 33242                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>American Brothers</b>		3. Mailing Address <b>American Brothers</b>	
Suite, Apt. #, etc. <b>14481 SW 71 Lane</b>		Suite, Apt. #, etc. <b>P. O. Box 421703</b>	
City & State <b>Miami, Florida</b>		City & State <b>Miami Florida</b>	
Zip <b>33183</b>	Country <b>Dade</b>	Zip <b>33142</b>	Country <b>Dade</b>

4. FEI Number <b>65-0410069</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GALVEZ, RENE A                  12693 N.W. 8TH TERRACE                  MIAMI FL 33182</b>		7. Name and Address of New Registered Agent Name <b>Molina Babun Margarita</b> Street Address (P.O. Box Number is Not Acceptable) <b>14481 SW 71 Lane</b> City <b>Miami</b> FL Zip Code <b>33183</b>	
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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: **Margarita Molina Babun** *Margarita Molina Babun*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
 DATE: **May 4, 2002**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See Criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPVS BABUN, LINCOLN F 2841 EAST ORCHARD CIRCLE DAVE FL 33328-6782</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Director Babun Margarita 14358 SW 90 ST, Miami, FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Director Babun Lincoln 2841 East Orchard Circle, DAVE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Director Babun, LIZETTE 15834 SW 99 Terr, Miami FL 33196</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasure Director Molina, Margarita 14481 SW 71 Lane, Miami, FL 33183</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 powers.

SIGNATURE: **Signature Required** *Signature Required* **4-5-2 (305) 6385-9463**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**(305)  
 385-9463**

CFR2034 (9/01)