

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90391 025 \*\*\*150.00

0190689

**DOCUMENT # P96000027254**

1. Entity Name  
**LIFE PARTNERS INSURANCE GROUP, CORP.**

Principal Place of Business

Mailing Address

**8103 SW 24TH STREET  
 MIAMI FL 33155  
 US**

**8103 SW 26TH STREET  
 MIAMI FL 33155  
 US**

000120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**8720 SW 9th Terrace**

**8720 SW 9th Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami Florida**

City & State

**Miami Florida**

4. FEI Number **65-0653545**

Applied For  
 Not Applicable

Zip **33174** Country **USA**

Country **USA**

Zip **33174** Country **USA**

Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEYVA, RAUL V  
 13344 SW 1 TERRACE  
 MIAMI FL 33126**

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **D LEYVA, RAUL V**  
 STREET ADDRESS **13344 SW 1 TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D RODRIGUEZ, MIGUEL A**  
 STREET ADDRESS **4660 SW 15 STREET**  
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 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)(l), 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: Miguel Rodriguez **Miguel Rodriguez** 3/22/01 305-262-0242  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)