## , 2002 Uniform Business Report (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## Mar 18, 2002 8:00 am P96000027254 DOCUMENT # **Secretary of State** 1. Entity Name 03-18-2002 90005 027 \*\*\*150.00 LIFE PARTNERS INSURANCE GROUP, CORP. Mailing Address Principal Place of Business 8720 SW 9TH TERRACE 8720 SW 9TH TERRACE MIAMI FL 33155 MIAMI FL 33155 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0653545 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEYVA, RAUL V Street Address (P.O. Box Number is Not Acceptable) 13344 SW 1 TERRACE **MIAMI FL 33126** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)Addition ☐ Change TITLE ☐ Delete TITLE LEYVA, RAUL V NAME NAME CR2E034 **13344 SW 1 TERRACE** STREET ADDRESS STREET ADDRESS MIAMI FL 33184 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 300 SW 48th Avenue RODRIGUEZ, MIGUEL A NAME NAME 4660 SW 15 STREET STREET ADDRESS Mimi ; PL 33134 STREET ADDRESS CITY-ST-ZIP MIAM! FL 33134 CITY-ST-ZIP ☐ Change . Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP" Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 supplier ental 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 employered 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. 13. I hereby certify that the information