

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90091 010 \*\*\*150.00

**DOCUMENT # P98000029638**

1. Entity Name

**ASSURED PREMIUM FINANCE CORPORATION**

Principal Place of Business

Mailing Address

2393 S. CONGRESS AVE  
 WEST PALM BCH FL 33406

P O BOX 5417  
 LAKE WORTH FL 33466-5417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0833962**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAPLAN, MARK E**  
**106 EAST COLLEGE AVENUE**  
**SUITE 1200**  
**TALLAHASSEE FL 32301**

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	FINKLESTEIN, MYRON H	
STREET ADDRESS	10451 W. BROWARD BLVD B2-109	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MURSTEIN, PAUL C	
STREET ADDRESS	250 PARK AVE #2030	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SEAMAN, CARL	
STREET ADDRESS	250 PARK AVE #2030	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	TV	<input type="checkbox"/> Delete
NAME	BLAKE, JAMES W	
STREET ADDRESS	2358 SUNDERLAND AVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRENDAMANO, JOSEPH G	
STREET ADDRESS	718 JUNIPER PL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7305 Corkwood Circle	
CITY-ST-ZIP	Tamarac, FL 33327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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, as empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
*JOSEPH G. PRENDAMANO*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00 (561) 565-5102  
 Date Daytime Phone #

CR2E034 (9/99)