

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032004

1. Entity Name

AVIVA INSURANCE GROUP INCORPORATED

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90221 039 \*\*\*550.00

Principal Place of Business

7920 SW 145 AVE  
 MIAMI FL 33183  
 US

Mailing Address

7920 SW 145 AVE  
 MIAMI FL 33183  
 US

A0073927



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9730 BANYAN ST  
 Suite, Apt. #, etc.

3. Mailing Address

9730 BANYAN ST  
 Suite, Apt. #, etc.

City & State

PERRINE FL

City & State

PERRINE FL

4. FEI Number

65-0581512

Applied For

Not Applicable

Zip 33157

Country

MIAMI-ONE

Zip

33157

Country

MIAMI-ONE

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SCHIMEK, CLIFFORD  
 7920 SW 145 AVENUE  
 MIAMI FL 33183

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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHIMEK, CLIFFORD 7920 SW 145 AVENUE MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHIMEK, ALICIA 7920 SW 145TH AVE MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ALAN B. CARMEL 1599 MARINER WAY HOLLYWOOD FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/12/00 (305) 278-1388

CR2E034 (5/00)