

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90170 046 \*\*\*150.00

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**DOCUMENT # P95000032004**

1. Entity Name

AVIVA INSURANCE GROUP INCORPORATED



Principal Place of Business

9730 BANYAN ST  
MIAMI FL 33157  
US

Mailing Address

9730 BANYAN ST  
MIAMI FL 33157  
US

2. Principal Place of Business

9742 BANYAN ST

3. Mailing Address

9742 BANYAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PERRINE FL

City & State

PERRINE FL

Zip

33157

Country

US

Zip

33157

Country

US

4. FEI Number

65-0581512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCHIMEK, CLIFFORD  
STREET ADDRESS 7920 SW 145 AVENUE  
CITY-ST-ZIP MIAMI FL 33183

☐ Delete

TITLE ST  
NAME SCHIMEK, ALICIA  
STREET ADDRESS 7920 SW 145TH AVE  
CITY-ST-ZIP MIAMI FL 33183

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CLIFFORD SCHIMEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

305 278 1388

Daytime Phone #

CR2E034 (10/02)