

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 160235

1. Entity Name

INSURANCE ASSOCIATES AGENCY, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90065 041 ***150.00

Principal Place of Business

C/O LYNN W FROMBERG
20801 BISCAYNE BLVD., STE. 505
N. MIAMI BCH. FL 33180
US

Mailing Address

C/O LYNN W FROMBERG
20801 BISCAYNE BLVD., STE. 505
N. MIAMI BCH. FL 33180-1400
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0606972

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DADE COUNTY CORPORATE AGENTS, INC
20801 BISCAYNE BLVD
SUITE 505
NORTH MIAMI BEACH FL 33180

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PALLANT, JOSEPH L	
STREET ADDRESS	1201 W AVE #4	
CITY-ST-ZIP	MIAMI BCH FL 19	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	FROMBERG, RHONA SUE	
STREET ADDRESS	20801 BISCAYNE BLVD, STE 505	
CITY-ST-ZIP	AVENTURA FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	FROMBERG, LYNN W.	
STREET ADDRESS	20801 BISCAYNE BLVD, STE 505	
CITY-ST-ZIP	AVENTURA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 like empowered.

SIGNATURE:

LYNN W FROMBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/11/00

Daytime Phone #

305-433-2000

CR2E034 (9/99)