

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91521 038 ***150.00

DOCUMENT # 680631

2002

1. Entity Name

WOLF INSURANCE AGENCY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10133 N.W. 24TH PLACE

3. Mailing Address

10133 N.W. 24TH PLACE

Suite, Apt. #, etc.

SUITE No 410

Suite, Apt. #, etc.

SUITE No 410

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

Zip

33322

Country

US

Zip

33322

Country

US

4. FEI Number

59-2024235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MICHAEL H. WOLF, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

1780 NORTH UNIVERSITY DR.

City

PLANTATION

FL

Zip Code

33124

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME WOLF, KURT M.
STREET ADDRESS 10133 N.W. 24TH PLACE # 410
CITY-ST-ZIP SUNRISE, FL 33322

TITLE S
NAME CARDINALE, NINA
STREET ADDRESS 5321 LINCOLN ST
CITY-ST-ZIP HOLLYWOOD, FLORIDA 33021

TITLE
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IN THIS SPACE**

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 on an attachment with an address with all other like empowered. *Kurt M. Wolf*

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/02 (954) 748-7787

CR2E034B (12/01)