

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90041 005 ****61.25

DOCUMENT # 766472

1. Entity Name

MIAMI ASSOCIATION OF LIFE UNDERWRITERS, INC.

Principal Place of Business

**9241 SW 54TH PLACE
 COOPER CITY FL 33328**

Mailing Address

**9241 SW 54TH PLACE
 COOPER CITY FL 33328**

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

59-6151309

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

**SANTUCCI, MAUD M
 9241 SW 54TH PLACE
 COOPER CITY FL 33328**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ED
 SANTUCCI, MARIE M
 9241 SW 54TH PLACE
 COOPER CITY FL 33328** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Santucci, Maud Marie ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 DECUBAS, JORGE C. C
 2151 LEJEUNE RD #203
 CORAL GABLES FL 33134** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P/D
 Robin S. Landers
 321 Granello Avenue
 Coral Gables, FL 33146** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MALCOLM GLENFORD B
 18441 NW 2ND AVE 510
 MIAMI FL 33169** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 KASOW, ANDREW M
 8603 S DIXIE HWY 401
 MIAMI FL 33143** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 BROWN, DONALD A
 6368 BLUE LAGOON DR, #190
 MIAMI FL 33126** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 617, 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: *Maud Marie Santucci* Maud Marie Santucci 1/19/01 954-680-0448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)