

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G29599

1. Entity Name

FINANCIAL INSURANCE CENTERS OF AMERICA, INC.

FILED  
Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90047 021 \*\*\*158.75

Principal Place of Business

Mailing Address

8951 SW 196 DR  
MIAMI FL 33157

8951 SW 196 DR  
MIAMI FL 33157-8876

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2441409

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

HOFFMAN, ROBERT  
5975 SUNSET DRIVE, SUITE 802  
MIAMI FL 33143

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME MCLELLAN, ANTHONY  
STREET ADDRESS 17994 FRANJO RD.  
CITY-ST-ZIP MIAMI FL



TITLE P  
NAME MCLELLAN, SHARON  
STREET ADDRESS 9261 SW 183 TERR  
CITY-ST-ZIP MIAMI FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE PREDIDENT  
NAME MCLELLAN, SHARON  
STREET ADDRESS 8951 SW 196 DR  
CITY-ST-ZIP MIAMI FL 33157



TITLE VP  
NAME MCLELLAN, ANTHONY  
STREET ADDRESS 8951 SW 196 DR  
CITY-ST-ZIP MIAMI FL 33157



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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:

*Sharon Mclellan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00  
Date

305-251-2976  
Daytime Phone #

CR2E034 (9/99)