

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G53634

1. Entity Name

INSURANCE MATTERS OF FLORIDA, INC.

FILED  
Mar 03, 2000 8:00 am  
Secretary of State

03-03-2000 90023 024 \*\*\*150.00

Principal Place of Business

Mailing Address

10195 W SAMPLE RD  
CORAL SPRGS FL 33065

P.O. BOX 9759  
CORAL SPRINGS FL 33424-4568

LU024227



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1781 No. Congress Ave.

3. Mailing Address

P.O. Box 4568

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Boynton Beach

City & State  
Boynton Beach

4. FEI Number 59-2316398

Applied For  
Not Applicable

Zip  
33426

Country  
Palm Beach

Zip  
33424-4568

Country  
Palm Beach

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

SCHWARTZ, HAROLD  
10195 W SAMPLE RD  
CORAL SPRINGS FL 33065

Name  
Harold Schwartz  
Street Address (P.O. Box Number is Not Acceptable)  
1781 No. Congress Ave.

City Boynton Beach FL Zip Code 33426

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

2-16-00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
SCHWARTZ, HAROLD  
6803 FAIRWAY LAKES DR  
BOYNTON BEACH FL 33437 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
SCHWARTZ, MARSHA  
6803 FAIRWAY LAKES DR  
BOYNTON BEACH FL 33437 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-00 561-736-2277

CR2E034 (9/99)