

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G57599

1. Entity Name

PUBLIC ASSURANCE GROUP LTD., INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90173 017 ***150.00

Principal Place of Business

2599 NW 63RD LANE
BOCA RATON FL 33496
US

Mailing Address

2599 NW 63RD LANE
BOCA RATON FL 33496-2007
US

2. Principal Place of Business

Lawrence Felder
Suite, Apt. #, etc.
1417 SE 1st Ave

3. Mailing Address

c/o Lawrence Felder
Suite, Apt. #, etc.
1417 SE 1st Ave

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number

59-2317596

Applied For

Not Applicable

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

ROSNER, DAVID N.
2599 NW 63RD LANE
BOCA RATON FL 33496

Name

Lawrence Felder

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

1417 SE 1st Ave

City

Fort Lauderdale FL

Zip Code

33316

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

Lawrence Felder

2/21/2000

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	SD	<input checked="" type="checkbox"/> Delete
NAME	MEARS, MICHELLE	
STREET ADDRESS	318 E RIVERBEND DRIVE	
CITY-ST-ZIP	SUNRISE FL 33328	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SUTTON, RANDY	
STREET ADDRESS	318 E RIVERBEND DRIVE	
CITY-ST-ZIP	SUNRISE FL 33328	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSNER, DAVID	
STREET ADDRESS	2599 NW 63RD LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
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		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosner, David	
STREET ADDRESS	2599 NW 63rd Lane	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Erwin J. Ross	
STREET ADDRESS	12450 SW 11th Ct	
CITY-ST-ZIP	Davie, FL 33325	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David N Rosner, President

2/5/00

Date

Daytime Phone #

CR2E034 (9/99)