

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H08303

1. Entity Name

ROBERT A. KAGAN INSURANCE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90048 002 ***150.00

Principal Place of Business 3974 NW 87 AVENUE SUNRISE FL 33351 US	Mailing Address P.O. BOX 451035 SUNRISE FL 33345-1035 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2830 N.E. 30 PL.	3. Mailing Address
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Suite, Apt. #, etc. #8	Suite, Apt. #, etc.
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City & State FT. LAUDERDALE, FL.	City & State
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Zip 33306	Country US	Zip	Country
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4. FEI Number 59-2423281	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KAGAN, ROBERT 3974 NW 87 AVE SUNRISE FL 33351
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7. Name and Address of New Registered Agent	
Name ROBERT KAGAN	
Street Address (P.O. Box Number is Not Acceptable) 2830 N.E. 30 PL. #8	
City FT. LAUDERDALE	FL Zip Code 33306

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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAGAN, ROBERT 3974 NW 87 AVENUE SUNRISE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAGAN, ROBERT 2830 N.E. 30 PL. #8 FT. LAUDERDALE, FL. 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert Kagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00
Date

800-846-5367
Daytime Phone #

CR2E034 (9/99)