

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H94081

1. Entity Name

FAMILY PROTECTION BENEFITS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90052 009 ***150.00

Principal Place of Business

Mailing Address

~~3001 S.W. 130TH AVENUE~~

~~3001 S.W. 130TH AVENUE~~

~~MIAMI FL 33175~~

~~MIAMI FL 33175 2511~~

US

US

2. Principal Place of Business

1250 S.W. 27 Ave.

3. Mailing Address

1250 S.W. 27 Ave.

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33135

Country

USA

Zip

33135

Country

USA

4. FEI Number

59-2614589

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

CAMPOS, MIGUEL

~~3001 S.W. 130TH AVENUE~~

~~MIAMI FL 33175~~

Name

MIGUEL CAMPOS

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

1250 S.W. 27 Ave.

Suite 402

City

Miami,

FL

Zip Code
33135

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]

Miguel Campos, Pres.

APR 17 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 ☐ Delete
NAME P
STREET ADDRESS CAMPOS, MIGUEL
CITY-ST-ZIP ~~3001 S.W. 130TH AVENUE~~
~~MIAMI FL 33175~~

TITLE ☒ Change ☐ Addition
NAME ADDRESS CHANGE ONLY:
STREET ADDRESS 1250 S.W. 27 Ave. # 402
CITY-ST-ZIP Miami, Florida 33135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

Miguel Campos, Pres. APR 17 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)