

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L74755

1. Entity Name

SOUTHLAND INSURANCE GROUP INCORPORATED

Principal Place of Business

Mailing Address

540 SE 6TH ST
FT. LAUDERDALE FL 33301
US

10869 NW 46 DR.
CORAL SPRINGS FL 33076-2130

2. Principal Place of Business

540 SE 6TH ST

3. Mailing Address

10869 NW 46 DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUD, FL 33301

City & State

CORAL SPRINGS FL 33076

Zip

Country

Zip

Country

4. FEI Number

65-0195284

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

CHEREW, ALEX
10869 NW 46TH DR
CORAL SPRINGS FL 33076

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

Alex Cherew ERROR - omit

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/00

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	CHEREW, ALEX	9945 THREE LAKES CR BOCA RATON FL				
	D	CHEREW, RICHARD	22755 SW 66TH AVE BOCA RATON FL				

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:

Alex Cherew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90145 004 ***150.00



DO NOT WRITE IN THIS SPACE