


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90325 046 ***400.00
06-16-2003 90139 041 ***150.00

DOCUMENT # M11436	
1. Entity Name JACOWITZ INSURANCE AGENCY, INC.	

Principal Place of Business 7850 NW 146 ST. 2ND FLOOR MIAMI LAKES FL 33016	Mailing Address 7850 NW 146 ST. 2ND FLOOR MIAMI LAKES FL 33016
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2503166		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
ALLEN, LOUISE J. 2200 MUSEUM TOWER 150 W FLAGLER ST. MIAMI FL 33130		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JACOWITZ, ARTHUR E. 2711 EDGEWATER COURT WESTON FL 33332 <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	SD JACOWITZ, JOAN N. 2711 EDGEWATER COURT WESTON FL 33332 <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
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

12. 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 10 or Block 11, changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

Signature of Arthur E. Jacowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 305-820-6705
Date Daytime Phone #

Attachment

10109731

M11436

Jacowitz Insurance Agency Inc.

2711 Edgewater Court

Weston, Florida 33332

Tel 1-305-820-6705

July 10, 2003

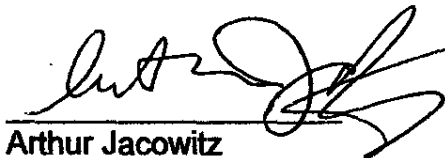
Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 3299

Dear Sir or Madam:

I misplaced my original report, and filed it after the original due date. I sent you the report and a check for \$150. You cashed my check and returned the report with a letter stating that I had to re-submit the report and pay a \$400 late fee.

Enclosed is my report along with a \$400 check.

Sincerely,



Arthur Jacowitz