| 2001 UNIFORM BUSINESS, REPORT (UBR) DOCUMENT # M27397 1. Entity Name CERTIFIED INSURANCE ASSOCIATES, INC. | | | | | | FILED Apr 26, 2001 8:00 am Secretary of State 04-26-2001 90245 021 ***150.00 | | | |
|--|--|---|---|---|--|---|--|---------------------------------|--|
| Principa' Place of Business 075 W OAKLAND PARK BLVD. T. LAUDERDALE FL 33311 | | Mailing Address P. O. BOX 9812 FT. LAUDERDALE FL 33310-9812 | | | | | | | |
| 2. Principal Place of Business | | 3. Maiiing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | | 4. F | El Number NOT APPLICABLE | | oliea For | |
| Zip Country | | Zip Coun | | ry | | | \$8.75 Add | | |
| | 6. Name and Address of Current Re | gistered Agent | | | 7. N | Name and Address of New Registere | Fee Required | | |
| IANNUCCI, LOUIS | | | | Name | iame | | | | |
| 3075 W OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311 | | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | _ | | |
| FI. U | AUDERDALE FL 33311 | | | | | | | | |
| | | | | City To Code | | | 9 | | |
| 9. This corpo Tax filing r | Signature, types or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back) | | 111 FEE 001 Fee | | 0 | 10. Election Campaign Financing Trust Fund Contribution. | \$5.0 | 0 May Be to Fees | |
| 11. | OFFICERS AND D | | 12. | | AD | DDITIONS/CHANGES TO OFFICERS A | | | |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | dp Iannucci, Louis 6221 SW 4th Street Margate Fl | De'ete | | | | | 🛄 Change | Addition | |
| T:TLE NAME STREET ADDRESS CHY-ST-ZIP | | 🗀 Delete | | 1 | | | 🗋 Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | | 1 | | | 🗌 Change | Addition | |
| TITLE NAME STREET ADDRESS ODY-ST-ZIP | | 💭 Delete | | | | | 🗌 Change | Adcition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | 1 | | | | Change | Addition | |
| TITLE NAME STREET ADORESS CITY: ST-ZIP | · · · · · · · · · · · · | Delete | | | | | 🗌 Change | Addition | |
| 13. I hereby indicated of the co | certify that the information supplied with d on this report or supplemental report is reportation or the receiver or trustee empow , or on an attachment with an address, w CORRELET SIGNATURE AND TYPED OR PE | true and accurate and that wered to execute this repo ith all other like empowere | or the exit t my signa rt as requ d. | emption stated ature shall have lired by Chapte | the same r 607, Floi | e legal effect as if made under oath; th | at I am an office ars in Block 11 c | r or director or Block 12 il | |