

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000919

1. Entity Name  
INTERNATIONAL RE/ASSURANCE, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -4 AM 9:56

Principal Place of Business  
329 RIVERSIDE AVENUE  
WESTPORT CT 06880

Mailing Address  
329 RIVERSIDE AVENUE  
WESTPORT CT 06880-4810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
7205 Corp. Center Drive  
Suite, Apt. #, etc.  
Suite 303  
City & State  
Miami, FL  
Zip  
33126

4. FEI Number  
06-1519142

Applied For  
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUMAN, ZIAD T  
2600 DOUGLAS ROAD, SUITE 1007  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name SHUMAN, ZIAD T  
Street Address (P.O. Box Number is Not Acceptable)  
7205 CORPORATE CENTER DR. # 303  
City MIAMI FL Zip Code 33126

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 Ziad Shuman

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

(NOTE: Registered Agent signature required when reinstating)

1/17/2000

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM  
NAME SUMAN, ZIAD T  Delete  
STREET ADDRESS 2600 DOUGLAS ROAD, SUITE 1007  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PRESIDENT / MGRM  Change  Addition  
NAME SHUMAN, ZIAD T  
STREET ADDRESS 7205 CORPORATE CENTER DR. # 303  
CITY-ST-ZIP MIAMI, FL 33126

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM / Executive Vice President  Change  Addition  
NAME Craft, Peter  
STREET ADDRESS 329 Riverside Ave.  
CITY-ST-ZIP Westport, CT 06880

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM / Chairman  Change  Addition  
NAME Van Dyke, Donald W.  
STREET ADDRESS 3283 Riverside Ave  
CITY-ST-ZIP Westport, CT 06880

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300003128709--8  
-02/08/00--01137--031  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/17/2000

Date

305-446-1966

Daytime Phone #