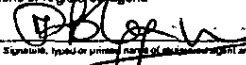
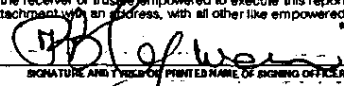


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90239 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000066903			
1. Entity Name ALL FLORIDA REAL ESTATE & INSURANCE CONSULTANTS, INC.			
Principal Place of Business 2112 SOUTHWEST 71ST WAY DAVIE, FL 33317		Mailing Address 2112 SOUTHWEST 71ST WAY DAVIE, FL 33317	
2. Principal Place of Business 6536 SW 41ST ST		3. Mailing Address P.O. Box 245301	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVIE, FLORIDA		City & State Pembroke Pines, FL	
Zip 33314		Zip 33314	
Country USA		Country U.S.A	
4. Name and Address of Current Registered Agent BHOKWANI, JAIDEEP R 2112 SW 71ST WAY DAVIE, FL 33317		4. FEI Number 65-1023778	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
7. Name and Address of New Registered Agent Name: BHOKWANI, JAIDEEP. R Street Address (P.O. Box Number is Not Acceptable): 6536 SW 41ST STREET City: DAVIE FL Zip Code: 33314		Applied For Not Applicable	
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:  JAIDEEP BHOKWANI		DATE: 4/23/03	
Signature, typed or printed name of registered agent and title if applicable.		DATE (Registered Agent's signature required when appointing)	
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PSTD BHOKWANI, JAIDEEP 2112 SOUTHWEST 71ST WAY DAVIE, FL 33317		PSTD BHOKWANI, JAIDEEP 6536 SW 41ST STREET DAVIE FL 33314	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  JAIDEEP BHOKWANI		DATE: 4/23/03	
Signature and typed or printed name of signing officer or director		Date	

11016921



CR2E034 (10/02)