

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000074165**

1. Entity Name

MEDATLANTIC INTERNATIONAL INSURANCE AGENCY, INC.**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90192 014 ***150.00

US31327

Principal Place of Business

Mailing Address

18711 CASSANDRA PT. LANE
BOCA RATON FL 33496**18711 CASSANDRA PT. LANE**
BOCA RATON FL 33496

2. Principal Place of Business

1875 WOOLBRIGHT ROAD

3. Mailing Address

1875 WOOLBRIGHT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-1026995

Applied For

Not Applicable

Zip

Country

33426**U.S.A.**

Zip

Country

33426**U.S.A.**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

OTAYEK, HENRI W
18711 CASSANDRA PT. LANE
BOCA RATON FL 33496

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

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

HENRI W. OTAYEK

(NOTE: Registered Agent signature required when reinstating)

1/24/2001
DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
D	OTAYEK, HENRI W	18711 CASSANDRA PT. LANE	BOCA RATON FL 33496	

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
D	ABDIN, AMMAR A	4615 TOGA WAY	GREENACRES FL 33463	

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

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRI W. OTAYEK

Date

Daytime Phone #

1/24/2001 (561) 720148

CR2E034 (10/00)