FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P00000082610 06-19-2003 90044 033 \*\*\*164.75 Cord Gables Insurance DO NOT WRITE IN THIS SPACE

**FILED** Jun 19, 2003 8:00 am Secretary of State

			3. Mailing Address						
3916 S.N. 85t			Same 25 Prior.			4			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
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Coral	Gables	Pt.	(0/2/ 50	WES FI	·	61-1	103/2/j.		Not Applicable
Zip 33/	134	Country U.S.A.	Zip 3 3/34	Country	4	5. Certificate of Status De	esired 🔽		5 Additional equired
					$\rightarrow$ 7	7. Name and Address of C	urrent Registere	J Agen	t
			Name	Dans of PCHT (PC) 11CTd					
The state of the s	DC	D NOT WE	<b>XIIE</b>	Street Ac	ddress (P	P.O. Box Number is Not Acceptable) 3916 Sw. Pst.			
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			be purpose of changing its	registered office or	registere	ed agent, or both, in the Sta	te of Florida. I am	amiliar	with, and accept
the obligat	itions of registere		/ //				<b>/</b>	<b>~</b> ~	
SIGNATURE	(4)	win /	/leule-				6.2-	03	, ·
			of title if applicable. (NOT	E: Registered Agent signatu	re required v	when reinstating)	DATE		,
+ Jai		1 Fee is \$150,00 Fee is \$550.00				9. Election Campa	aign Financing		\$5.00 May Be
	Amended U	BR is \$61.25				Trust Fund Con	tribution. 🗓		Added to Fees
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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 elecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034B (12/02)