

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90132 006 \*\*\*150.00

**DOCUMENT # P01000006002**

**1. Entity Name**  
**UNDERWRITERS-REINSURANCE GROUP, INC.**

**Principal Place of Business**  
~~C/O LAZ L SCHNEIDER, ESG BERGER DAVIS~~  
~~350 E LAS OLAS BLVD, STE 1000~~  
~~FT LAUDERDALE FL 33301~~

**Mailing Address**  
~~C/O LAZ L SCHNEIDER, ESG BERGER DAVIS~~  
~~350 E LAS OLAS BLVD, STE 1000~~  
~~FT LAUDERDALE FL 33301~~



**2. Principal Place of Business**  
**3603 Bridge Rd**

**3. Mailing Address**  
**3603 Bridge Rd**

**City & State**  
**Hollywood, FL**

**City & State**  
**Hollywood, FL**

**4. FEI Number**  
**65-1082967**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**SCHNEIDER, LAZ L**  
**BERGER DAVIS & SINGMAN**  
**350 E LAS OLAS BLVD, STE 1000**  
**FT LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**  
**Name** **ALB+ Andra W. Zalis**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**3603 BRIDGE ROAD**  
**City** **Hollywood** **FL** **Zip** **33026**

**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** *Alb+ Andra W. Zalis* **DATE** **2/16/02**

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. 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                | <input type="checkbox"/> Delete | TITLE   | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 3603 Bridge Rd      |                                 | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                | Hollywood, FL 33026 |                                 | CITY-ST-ZIP   |      |   |
| TITLE                      | NAME                | <input type="checkbox"/> Delete | TITLE   | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                     |                                 | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                |                     |                                 | CITY-ST-ZIP   |      |   |
| TITLE                      | NAME                | <input type="checkbox"/> Delete | TITLE   | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                     |                                 | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                |                     |                                 | CITY-ST-ZIP   |      |   |
| TITLE                      | NAME                | <input type="checkbox"/> Delete | TITLE   | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                     |                                 | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                |                     |                                 | CITY-ST-ZIP   |      |   |
| TITLE                      | NAME                | <input type="checkbox"/> Delete | TITLE   | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                     |                                 | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                |                     |                                 | CITY-ST-ZIP   |      |   |
| TITLE                      | NAME                | <input type="checkbox"/> Delete | TITLE   | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                     |                                 | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                |                     |                                 | CITY-ST-ZIP   |      |   |

**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 an other like empowered.**

**SIGNATURE:** *Alb+ Andra W. Zalis* **DATE** **2/16/02** **Daytime Phone #** **954 408 1192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)