## 2002 UNIFORM BUSINESS REPORT (UBR)

## P01000036251 **DOCUMENT #**

SIGNATURE:

FIRST UNITED INSURANCE AGENCY, INC.

## FILED Aug 25, 2002 8:00 am Secretary of State 02-26-2002 90017 019 \*\*\*150.00

7/18/02

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Principal Plac	ce of Busines	s	Mailing Address							
HOLLYWOOD	NOOD BLVD ( FL 33024	STE 421	6100 HOLLYWOOD BLVD STE 421 HOLLYWOOD FL 33024		 	- 42113				
2. Principal F	Place of Busin	ness	3. Mailing Address			L LUBANIAUN KIN ABIRAN KIRAN BARIN BURIN BURIN BURIN BIRING KINGA KINGA KARUPI KIRAN KIRAN KIRAN KIRAN KIRAN K				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPA	CE		
City & State			City & State		4.	FEI Number 65. 115	6705		pplied For	]
Zip	Zip Country		Zip Country			5. Certificate of Status Desired Status Desired Required Not Applicable				1
	6. Name	and Address of Current F	legistered Agent	I	7 7	Name and Address of New R			eu e	4
	, ,		<del></del> -	Name		Numb and Address of New I	egistered Age			1
	IS M <sub>7</sub>		Street A	Street Address (P.O. Box Number is Not Acceptable)						
HOLLYWO			<del></del>						1	
				City			FL	Zip Coo	le	1
8. The above the obligat	named entit tions of regist	y submits this statement for tered agent.	the purpose of changing its	registered office or	registered ag	ent, or both, in the State of Flo	rida. Lam fam	iliar with	, and accept	
SIGNATURE .	Signature byped	or printed name of registered agent an	d title if applicable (NOT)	E: Registered Agent signati	use required where or	in Notice 1	DATE			
						ernstating)	DATE			1
Tax filing :		ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$550.00  After September 13, 2002 Fee will be \$75 Make Check Payable to Department of S		e \$750.00	10. Election Campaign Fin. Trust Fund Contribution			00 May Be d to Fees	
11.		OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFI	CERS AND DIF	RECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6100 HOL	E, DOUGLAS M LYWOOD BLVD STE 42 OOD FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	CR2E034 (4/02)
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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 appeddress, with all other like empowered.

SIGNATURE:

HEQUINED

Out achment

#P01000036251

AUGUST 22,2002

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

RE: FIRST UNITED INSURANCE AGENCY INC. 6100 HOLLYWOOD BLVD; SUITE 421 HOLLYWOOD, FL 33024

ON FEBRUARY OF 2002 I MAILED THE REQUIRED FORM AND FEES FOR MY RENEWAL, UNFORTUNATELY THE TAX ID NUMBER WAS NOT INCLUDED.

AT NO TIME DID I EVER RECEIVE ANY NOTICE FROM DIVISION OF BUSINESS TO MAKE ANY NECESSARY CORRECTIONS.

LAST MONTH I GOT DOCUMENT BEARING #P01000036251 WHEN I NOTICED THAT SOMETHING WAS WRONG. I IMMEDIATELY CALLED YOUR OFFICE. UPON DOING SO I WAS TOLD TO WRITE A LETTER EXPLAINING THE CIRCUMSTANCES.

BECAUSE MY CHECK WAS CASHED AND THERE WAS NO NOTICE TO ME I AM RESENDING THE FORM AND ASK THAT ANY LATE FEE BE WAIVED.

NOTE ALSO THAT ALTHOUGH WE HAVE REGISTERED A COMPANY WE HAVE NOT STARTED DOING BUSINESS BUT WOULD LIKE TO KEEP THE NAME.

YOUR FAVOURABLE ASISTANCE WOULD BE GREATLY APPRECIATED.

SINCERELY

DOUGLAS M-MCKENZIE

**PRESIDENT**