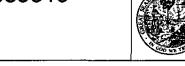
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P01000059019 DOCUMENT #

1. Entity Name



F & R INSURANCE GROUP, INC.		
Principal Place of Business 9100 S DADELAND BLVD STE 900 MIAMI FL 33156	Mailing Address 9100 S DADELAND BLVD STE 900 MIAMI FL 33156	]
2. Principal Place of Purinces	2 Mailing Address	····

## **FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90546 033 \*\*\*150.00

Principal Place of Business 9100 S DADELAND BLVD STE 900 MIAMI FL 33156  Mailing Address 9100 S DADELAND BLVD STE 900 MIAMI FL 33156														
2. Principal Place of Business 3. Mailing Address					( IUBilubi	167 <b>0 0 61</b> 0.9 16 <b>0</b> 01	i 10(i) 00)		3	LA 18810 8084 1004				
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES									
City & State City & State			& State	ite			El Number	65-11	13248		-	Applied For		
Zip	Country	Zip Count			try	5. (	5. Certificate of Status Desired					\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registere	d Agent	.>حـسانهنية		7. 1	lame and A	ddress o	New R					
OLIOV TI	IOMAO E EOO				Name									
GLICK, THOMAS E ESQ 12000 BISCAYNE BLVD #800				Street Address (P.O. Box Number is Not Acceptable)										
NORTH M	IAMI FL 33181							_						
			•		City					FL	Zip Co	de		
the obligat	named entity submits this statement for ions of registered agent.	or the purp	ose of changing its	registere	ed office or re	egistered age	ent, or both,	in the Sta	te of Flor	rida. I am f	amiliar with	n, and accept		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE	: Registered	d Agent signature	required when re	instating)			DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					<del></del>	- 1		ion Camp Fund Cor	-		<b>\$5.</b> Add	00 May Be ed to Fees		
10.	OFFICERS AND	DIRECTO		11.		AD	DITIONS/CI	HANGES	TO OFFI	CERS AND	DIRECTO	RS IN 11		
TITLE, NAME  STREET ADDRESS CITY-ST-ZIP	P FEINBERG, ELI M 6761 SW 89 TERRACE MIAMI FL 33156		☐ Celete .								☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, WILLIAM D 301 E. LAS OLAS BLVD. #410 FORT LAUDERDALE FL 33301		☐ Delete								☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete					_			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete Delete								☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete								☐ Change	☐ Addition		

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**