FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # PO/00008 9323 1. Entity Name UNITED INSURANCE of FINANCIAL ADVISORS, INC.

FILED May 08, 2003 8:00 am Secretary of State

05-08-2003 90171 001 ***150.00

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2. Principal Place of Business 9745 SUNSET DR		3. Mailing Address 24580 SW 104 AVE						
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SPA	ACE
City & State MIAMI		City & State MIAM I				El Number 5 - 1/38503		Applied For Not Applicable
Zip FL	Country 33/73	- Zip FL -	Coun	try 3303/	5 . C	ertificate of Status Desired		3.75 Additional ~
A SA			all to the troops		7. Nan	ne and Address of Current Re	gistered A	gent
DO NOT WRITE				Name MARIA CURBELO Street Address (P.O. Box Number is Not Acceptable) 24580 Sw 104 AVE				
v v	IN THIS S	PACE						
	k Paragraphy and paragraphy and paragraphy		British to the Co	City	MIAMI		FL	Zip Code 33/3/
	named entity submits this statemen	t for the purpose of changing	its registere	ed office or	registered age	nt, or both, in the State of Florida	a. I am fami	
the obligat	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE: Registere	d Agent signatu	re required when rein	stating)	DATE	
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department	of State		, , ,		Election Campaign Financ Trust Fund Contribution,	ing	\$5.00 May Be Added to Fees
10.	transfer from a superior of the rest of the state of the	ND DIRECTORS	an or spine			er Sen et Regille seut kellikelinninger Sensin.	and the second	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: >

Daytime Phone #