FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91774 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000003917

1. Entity Name
AMERICAN INSURANCE GROUP OF SOUTH FLORIDA, INC.

11040958

Principal Place of Business
15927 LAUREL CREEK DRIVE
DELRAY BEACH, FL 33446

Mailing Address
15927 LAUREL CREEK DRIVE
DELRAY BEACH, FL 33446

2. Principal Place of Business: 9584 BARLETTA WINDS PT.
Suite, Apt. #, etc.
City & State: DELRAY BEACH
Zip: FL Country: PALM BEACH 33446

3. Mailing Address: (SAME)
Suite, Apt. #, etc.
City & State
Zip
Country: USA

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number: 60-0002336 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
LENOFF, STEVEN
1761 WEST HILLSBORO BLVD
SUITE 405
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent
Name: RYAN KARLIN
Street Address (P.O. Box Number is Not Acceptable): 9584 BARLETTA WINDS PT.
City: DELRAY BEACH FL Zip Code: 33446

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KARLIN, RYAN M 15927 LAUREL CREEK DRIVE DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 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: [signature] 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #