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

# **DOCUMENT #**

1. Entity Name

GO WE THE

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

04-21-2003 90310 007 \*\*\*150.00

	MERICA HEINSURANCE COI	AH CAMI								
Principal Plac ONE LIBERTY 19TH FLOOR NEW YORK N	- "	ONE LII 19TH F	Address BERTY PLAZA LOOR ORK NY 10006							
2. Principal Place of Business 3. Mailing Address									<b>                                    </b>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 13-2997499 Applied For Not Applicab				
Zip	Country	Zip		Country		5. Certificate of Status Desired		3.75 Add	litional	
	6. Name and Address of Current I	Registered	Agent	77. T.		7. Name and Address of New Reg	istered Age	ent		
				Name						
MINCHES, LEONARD H				Ct ^ -	Idrona (C	O. Box Number is Not Acceptable)				
	WARDS & ANGELL, LLP			Street Ad	uress (P.	.o. box inumber is not Acceptable)			,	
	·									
250 ROYAL PALMWAY PALM BEACH FL 33480-4309				City			FL	Zip Code	e	
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, typed or printed name of registered agent a	and title if applic	able. (NOTE; R	Registered Agent signature	e required w	when reinstating)	DATE			
	THE NOWILL FEE IC 6150 CO									
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 Finan	cina	\$5 A	<b>0</b> May Be	
		State				Trust Fund Contribution.		Added	to Fees	
Make Chec	k Payable to Florida Department of	L						Added	to Fees	
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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: