

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90187 015 \*\*\*150.00

|                                      |                        |
|--------------------------------------|------------------------|
| <b>DOCUMENT # P93000025870</b>       |                        |
| <b>1. Entity Name</b>                |                        |
| <b>ACTIVE INSURANCE AGENCY, INC.</b> |                        |
| <b>Principal Place of Business</b>   | <b>Mailing Address</b> |
| 31<br>35 S. ST RD 7                  | 31<br>35 S SR 7        |
| PLANTATION FL 33317                  | PLANTATION FL 33317    |
| US                                   | US                     |

|  |  |
|--|--|
| 2. Principal Place of Business<br>31 SOUTH STATE RD 7<br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. # etc. |
|--|--|

|                    |              |
|--------------------|--------------|
| City & State       | City & State |
| PLANTATION FLORIDA |              |

|       |         |     |         |
|-------|---------|-----|---------|
| Zip   | Country | Zip | Country |
| 33317 | US      |     |         |

| 6. Name and Address of Current Registered Agent                                     |                  |
|---|------------------|
| <b>MAHABEER, MERTILEEN</b><br><b>35 S. STATE RD 7</b><br><b>PLANTATION FL 33314</b> | Name             |
|   | Street Address ( |
|   |                  |
|   | City             |

|                                    |                |
|------------------------------------|----------------|
| 4. FEI Number<br><b>65-0419433</b> | Applied For    |
|                                    | Not Applicable |

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

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.

**SIGNATURE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

|  |  |   |
|--|--|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.<br/>(See criteria on back) <input type="checkbox"/></p> | <p><b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2002 Fee will be \$550.00</b><br/> <b>Make Check Payable to Department of State</b></p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p> |
|--|--|---|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>D MAHABEER, MERTILEEN</b><br><b>35 SOUTH ST. RD 7</b><br><b>PLANTATION FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 an address, with all other like empowered.

**SIGNATURE:** *M. Mahabir* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 4-25-02 **Daytime Phone #** 954-583-5538