

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:43

DOCUMENT # P93000058834 (1)

1. Corporation Name

UNITED BENEFITS GROUP, INC.

Principal Place of Business

2400 W CYPRESS CREEK RD
STE 203
FT. LAUDERDALE FL 33309

Mailing Address

2400 W CYPRESS CREEK RD
STE 203
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/23/1993

3a. Date of Last Report

07/28/1994

2. Principal Place of Business

21 1499 W. Palmetto Park Rd

2a. Mailing Address

26 Same

4. FEI Number

65-0431517

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☒ No

22 320

27 Suite, Apt. #, etc.

23 Boca Raton Florida

28 City & State

24 33486

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BALSAM, ZANE
2400 WEST CYPRESS CREEK ROAD
SUITE 203
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1499 W. Palmetto Park Rd #320

84 Boca Raton Florida

FL

85 Zip Code 33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when renewing)

Date

May 31/95

12. OFFICERS AND DIRECTORS

TITLE D
NAME DEANGELIS, NICHOLAS D
STREET ADDRESS 11441 N 40 PL
CITY- ST- ZIP SUNRISE FL 33351

TITLE PD
NAME BALSAM, ZANE
STREET ADDRESS 2400 CYPRESS CREEK RD #203
CITY- ST- ZIP FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included in this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

[Signature] President

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

May 31/95 4:23 PM

Date (Signature Please)