

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 # P93000078220 (9)

1. Corporation Name

UNITED BENEFITS GROUP TRUST, INC.

Principal Place of Business

% 2400 WEST CYPRESS CREEK ROAD
SUITE 203
FT. LAUDERDALE FL 33309

Mailing Address

% 2400 WEST CYPRESS CREEK ROAD
SUITE 203
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1993

3a. Date of Last Report

08/18/1994

4. FEI Number

65-0448642

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. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1499 W. Palmetto Park Rd

2a. Mailing Address

25 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Boca Raton FL

28 City & State

24 Zip

Country

29 Zip

Country

33486

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

1499 W. Palmetto Park Rd
#320

Boca Raton FL

FL

65

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]

May 31/95

12. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	BALSAM, ZANE JOEL
STREET ADDRESS	2400 W. CYPRESS CREEK RD., SUITE 203
CITY ST ZIP	FT. LAUDERDALE FL 33309
TITLE	D
NAME	HOLLANDER, FRED
STREET ADDRESS	2400 W. CYPRESS CREEK RD., SUITE 203
CITY ST ZIP	FT. LAUDERDALE FL 33309
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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
President

Date

Signature (Name)

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