2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P94000071157 Jul 13, 2000 8:00 am 1. Entity Name **Secretary of State** PROFESSIONAL INSURANCE OF SOUTH FLORIDA, INC. 07-13-2000 90022 025 ***150.00 Principal Place of Business Mailing Address 9560 SW 137 AVE 9560 SW 137 AVE MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. , Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0527098 Not Applicable Zip Country Country \$8.75-Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREEMAN, CYNTHIA H Street Address (P.O. Box Number is Not Acceptable) 9301 SW 72 ST **MIAMI FL 33173** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PVST ☐ Change ☐ Addition TITLE TITLE ☐ Delete CYNTHIA H. FREEMAN NAME NAME STREET ADDRESS 9301 SW 72 ST STREET ADDRESS C!TY-ST-ZIP MIAMI FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE T)TLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

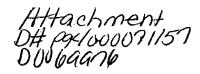
13.=I.hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 the other like empowered.

SIGNATURE:

NREQUIRED

VANE OF SIGNING OFFICER OR DIRECTOR

4-5-2000(300)



PROFESSIONAL INSURANCE of South Florida, Inc.

9560 SW 137 AVENUE, MIAMI, FL. 33186 PH: (305)380-8212 FAX: (305)380-8083

DATE:

07/05/2000

MEMO TO: DEPARTMENT OF STATE

CYNTHIA H. LOPEZ -

RE:

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PLEASE BE INFORMED THAT ON APRIL 5TH, 2000, CHECK MEMO: #2111 FOR THE AMOUNT OF \$150.00 WAS MAILED TO THE FLORIDA DEPARTMENT OF STATE ALONG WITH THE PROPER FORM IN ORDER TO RENEW THE CORPORATION FOR THE YEAR 2000, IN YOUR COMPUTERS THERE IS NO PROOF THAT THE CHECK OR THE FORMS WERE RECEIVED. AS PER YOUR CUSTOMER SERVICE REP AT (850)488-9000 A NEW CHECK HAD TO BE FEDERAL EXPRESSED TO THE DEPARMENT, ENCLOSED PLEASE FIND NEW CHECK ALONG WITH SIGNED AND COMPLETED FORMS. PLEASE UPDATE RECORDS. THANKS.