

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071157

1. Entity Name

PROFESSIONAL INSURANCE OF SOUTH FLORIDA, INC.

*12*

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90022 025 \*\*\*150.00

Principal Place of Business

3560 SW 137 AVE  
MIAMI FL 33186

Mailing Address

9560 SW 137 AVE  
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0527098

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, CYNTHIA H  
9301 SW 72 ST  
MIAMI FL 33173

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
CYNTHIA H. FREEMAN  
9301 SW 72 ST  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 or without like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2000 (305)  
Date Daytime Phone

380822

Attachment  
D# P94000071157  
00069976

**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

FROM: CYNTHIA H. LOPEZ

RE: 2000 UNIFORM BUSINESS REPORT (UBR)  
DOCUMENT #P94000071157

MEMO: PLEASE BE INFORMED THAT ON APRIL 5<sup>TH</sup>, 2000, CHECK #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.

