

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-13-2002 90155 025 ***150.00

DOCUMENT # PC44000089628 ✓
1. Entity Name
AARGO INSURANCE GROUP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
39 E PROSPECT RD
Suite, Apt. #, etc.

3. Mailing Address
39 E PROSPECT RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT LAUDERDALE, FL
Zip
33334 Country
BROWARD

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FT LAUDERDALE, FL
Zip
33334 Country
BROWARD

4. FEI Number
65-0544871
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
VICTORIA ROSSI
Street Address (P.O. Box Number is Not Acceptable)
5327 S.W. 120 AV.
City
COOPER CITY FL Zip Code
33330

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRES</u> <u>PEGGY C. HUNTINGTON</u> <u>1901 NW 41 ST.</u> <u>FT LAUD, FL 33309</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PEGGY C. HUNTINGTON 4/24/02 9543517889