

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90359 040 ***150.00

DOCUMENT # P95000003132

1. Entity Name
AFFORDABLE RATES, INC.

Principal Place of Business
**6101 PEMBROKE ROAD
 HOLLYWOOD FL 33023
 US**

Mailing Address
**6101 PEMBROKE ROAD
 HOLLYWOOD FL 33023
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0549326**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**RASH, MELISSA M
 6101 PEMBROKE ROAD
 HOLLYWOOD FL 33023**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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	PSTD RASH, MELISSA M 6101 PEMBROKE ROAD HOLLYWOOD FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

754-887-8802

CR2E034 (4/02)

Attachment

P95000003132
120961

AFFORDABLE RATES INSURANCE

6101 Pembroke Road
Hollywood FL 33023
954-987-8800

July 9, 2002

Florida Department Of State
Division of Corporations
PO Box 1500
Tallahassee FL 32302

To whom it may concern,

I am writing regarding the corporation name of Affordable Rates Inc. Federal ID Number 65-0549326, I sent a check in the amount of \$150.00 on March 30, 2002 Check Number 10248. I received a notice on July 5, 2002 stating that the payment had not yet been received which really concerned me, I called a spoke with Esther at 1-850-488-9000 as she advised me to resubmit everything with a check in the amount of \$150.00 which is enclosed. Please let me know if anything else is needed in order to renew my Corporation, I have this corporation for over 7 years and always paid the renewal premium in a timely manner. I appreciate your assistance in this matter.

Sincerely,

Melvin Rash

