

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000013906**

1. Entity Name

AGENCY BROKERAGE CORPORATION**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90146 009 ***150.00

0273573

Principal Place of Business

4801 SOUTH UNIVERSITY DR.
SUITE 2500
FT LAUDERDALE FL 33328
US

Mailing Address

4801 SOUTH UNIVERSITY DR.
SUITE 2500
FT LAUDERDALE FL 33328
US

2. Principal Place of Business

5620 W. FLAGLER ST.
Suite, Apt. #, etc.

3. Mailing Address

POB 800440
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33144

Country

Zip

33280

Country

MIAMI DADE

4. FEI Number

65-0581046

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, GARY P
46 S. W. FIRST STREET
FOURTH FLOOR
MIAMI FL 33130

7. Name and Address of New Registered Agent

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VP
NAME FEVER, JEFF
STREET ADDRESS 4801 S UNIVERSITY DR SUITE 2500
CITY-ST-ZIP FT LAUDERDALE FL ☐ DeleteTITLE P
NAME COHEN, ISADORE
STREET ADDRESS 4801 S UNIVERSITY DR SUITE 2500
CITY-ST-ZIP FT LAUDERDALE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISADORE COHEN

Date

Daytime Phone #

4/27/01 (954) 214-6514

CR2E034 (10/00)