## 2090 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P95000054103**

1. Entity Name

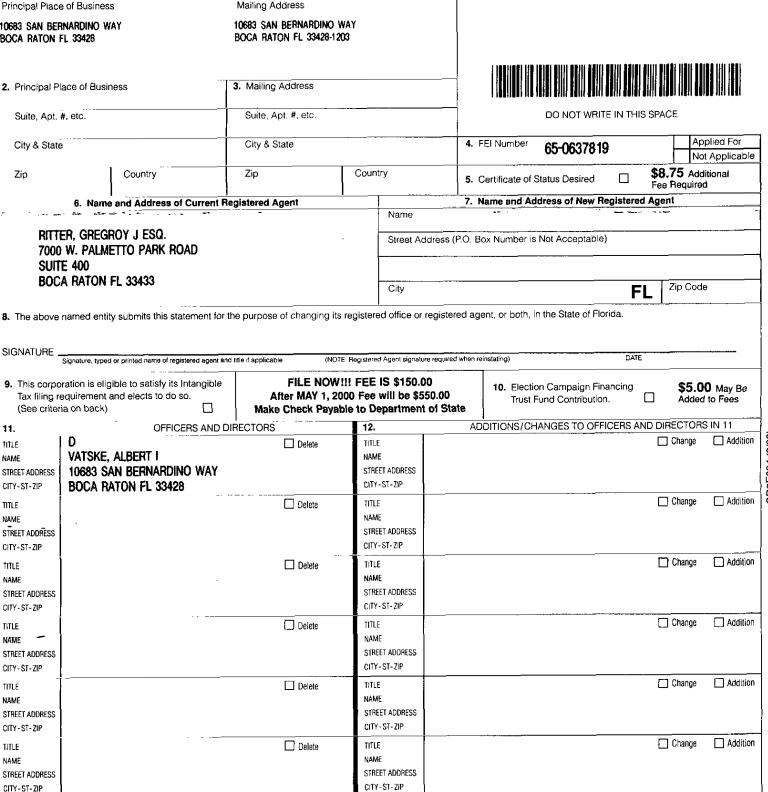
INSURANCE & BENEFITS PLANNING, P.A.

10683 SAN BER BOCA RATON F	 10683 BOCA

Mailing Address

## FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90147 029 \*\*\*150.00



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 of the temporary execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the received

FICER OR DIRECTOR