

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093951

1. Entity Name
PHOENIX INSURANCE GROUP, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90046 047 ***150.00

Principal Place of Business

1401 UNIVERSITY DRIVE
SUITE 607
CORAL SPRINGS FL 33071
US

Mailing Address

1401 UNIVERSITY DRIVE
SUITE 607
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

2740 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

205

City & State

FT. LAUDERDALE, FL.

Zip

33306

Country

BROWARD

3. Mailing Address

2740 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

205

City & State

FT. LAUDERDALE

Zip

33306

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0632721

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

GALLINA, SEBASTIAN
2740 E. OAKLAND PARK BLVD
SUITE 205
FORT LAUDERDALE FL 33306

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

1-31-01

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 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 GALLINA, SEBASTIAN 1500 UNIVERSITY DRIVE, SUITE 241 CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLINA, JOSEPHINE 3300 NE 36 ST. #1507 FORT LAUDERDALE FL 33308	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GALLINA, SEBASTIAN 3300 NE 36 ST. #1507 FT. LAUDERDALE, FL. 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

1-31-01

Date

954-567-2085

Daytime Phone #

CR2E034 (10/00)