

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-13-2002 90206 036 ***150.00

DOCUMENT # P95000093951

1. Entity Name
PHOENIX INSURANCE GROUP, INC.

Principal Place of Business
2740 E OAKLAND PARK BLVD. #205
FORT LAUDERDALE FL 33306
US

Mailing Address
2740 E OAKLAND PARK BLVD. #205
FORT LAUDERDALE FL 33306
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6191 W. ATLANTIC BLVD.

3. Mailing Address
6191 W. ATLANTIC BLVD.

Suite, Apt. #, etc.
#6

Suite, Apt. #, etc.
#6

City & State
MARGATE FL.

City & State
MARGATE FL.

4. FEI Number **65-0632721**

Applied For
Not Applicable

Zip
33063

Country
BROWARD

Zip
33063

Country
BROWARD

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 **SEBASTIAN GALLINA**

Street Address (P.O. Box Number is Not Acceptable)
6191 W. ATLANTIC BLVD.

Suite #6

City **MARGATE**

FL

Zip Code **33063**

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 **SEBASTIAN GALLINA PRES.** **1-24-02**
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, 2002 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 **PSTD** ☐ **Delete**
NAME **GALLINA, SEBASTIAN**
STREET ADDRESS **3300 NE 36TH ST, #1507**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **PSTD** ☒ **Change** ☐ **Addition**
NAME **GALLINA, SEBASTIAN**
STREET ADDRESS **2871 NW 78 AVE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ **Delete**
NAME **GALLINA, JOSEPHINE**
STREET ADDRESS **3300 NE 36 ST. #1507**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **GALLINA, JOSEPHINE**
STREET ADDRESS **2871 N.W. 78 AVE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02

954-970-6789

Date

Daytime Phone #

CR2E034 (9/01)