

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90113 032 ***158.75

DOCUMENT # P96000012287

1. Entity Name
FK INSURANCE CORP.

| | |
|---|--|
| Principal Place of Business 20660 W. DIXIE HWY NORTH MIAMI BEACH FL 33180 US | Mailing Address 301 YAMATO ROAD 2100 BOCA RATON FL 33431-4929 US |
|---|--|

2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0647419** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN, MICHAEL
2999 NORTHEAST 191ST STREET
SUITE 902
NORTH MIAMI BEACH FL

Name **MICHAEL SELIGSOHN**
 Street Address (P.O. Box Number is Not Acceptable)
79 NW 108 TERR
 City **PLANTATION FL** Zip Code **33324**

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 DATE **1/20/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2000 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 | PD FEINSILVER, PAUL 20900 W. DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KLOTZ, JAMES 20900 W. DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FEINSILVER, PAUL 20660 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KLOTZ, JAMES 20660 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **JAMES A. KLOTZ** DATE **1/26/00** DAYTIME PHONE # **561-368-5284**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)