

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90052 021 ***150.00

DOCUMENT # P96000015415

1. Entity Name
INSURANCE RESOURCE GROUP, INC.

Principal Place of Business

**4051 NW 84TH TERR
 SUNRISE FL 33351
 US**

Mailing Address

**4051 NW 84TH TERR
 SUNRISE FL 33351
 US**

2. Principal Place of Business

**3801 N. University Dr
 Suite, Apt. #, etc.
 313**

3. Mailing Address

**3801 N. University Dr
 Suite, Apt. #, etc.
 313**

City & State

Sunrise FL

City & State

Sunrise FL

Zip

33351

Country

Broward

Zip

33351

Country

Broward

4. FEI Number

65-0641792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GREENSTEIN, LENNY
 4051 NW 84TH TERRACE
 SUNRISE FL 33351**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

TITLE **D** ☐ Delete
 NAME **GREENSTEIN, LENNY**
 STREET ADDRESS **4051 NW 84 TERR**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☐ Delete
 NAME **GREENSTEIN, CATHERINE**
 STREET ADDRESS **4051 NW 84 TERR**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☐ Delete
 NAME **KANTOR, ERIC**
 STREET ADDRESS **P.O. BOX 9563**
 CITY-ST-ZIP **TACOMA WA 98409**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

(959) 2491531

8/24/02

CR2E034 (4/02)

Attachment

INSURANCE RESOURCE GROUP, INC.

970330
P96000015415

Office: (954)749-1531

Fax: (954)749-4926

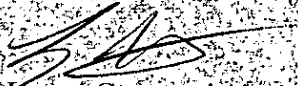
E-mail: irgi@aol.com

August 30, 2002

To Whom it May Concern:

On July 3, 2002 I spoke with your office and was informed that you never received my Uniform Business Report which was sent on April 8, 2002 along with check # 3465 for \$150.00. This check has not cleared my account so you obviously never received it. The person I spoke with in your office told me to complete the Uniform Business Report and send it along with a new check for \$150.00. Thank you for your help.

Sincerely



Lenny Greenstein
President

PO Box 451215 Sunrise, FL 33345-1215