

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90972 009 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040228

1. Entity Name
FEDERATED AGENCY GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4161 NW 5 Street

3. Mailing Address

P.O. Box 407193

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B0057522

DO NOT WRITE IN THIS SPACE

City & State
Plantation, FL

City & State
Fort Lauderdale, FL

4. FEI Number
65-0749350

Applied For

Not Applicable

Zip
33317

Country
U.S.

Zip
33340

Country
U.S.

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAMES A. EPSTEIN

Street Address (P.O. Box Number is Not Acceptable)

4161 NW 5 Street

City

Plantation

FL

Zip Code

33317

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

James A. Epstein

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
Kramer, Martin M.
4161 NW 5 Street
Plantation, FL 33317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Secretary
Epstein, James A.
4161 NW 5 Street
Plantation, FL 33317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Treasurer, Director
Lawson, Michele V.
4161 NW 5 Street
Plantation, FL 33317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Director
Lawson, Edward J.
4161 NW 5 Street
Plantation, FL 33317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Director
Simberg, Bruce
4161 NW 5 Street
Plantation, FL 33317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Michele V. Lawson Michele V. Lawson

3/20/02

Date

(954) 581-9993

Daytime Phone #

CR2E034B (12/01)