

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054884

1. Entity Name

ASSURED BENEFITS CORP.

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

05-02-2000 90058 038 ***150.00

Principal Place of Business

62551 BAY CLUB DR
 FORT LAUDERDALE FL 33308
 US

Mailing Address

6278 NORTH FEDERAL HIGHWAY, S-293
 FORT LAUDERDALE FL 33308-1916

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

Zip 33308

COUNTRY BRUNARD

City & State

FT. LAUDERDALE FL

Zip 33308

COUNTRY BRUNARD

4. FEI Number

65-0677522

Applied For

Not Applicable

5. Certificate of Status Desired

Additional Fee Required

\$8.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CARBONE, FRANKLIN D.
 6255 BAY CLUB DR #3
 FT LAUDERDALE FL 33308

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

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	PSTD CARBONE, FRANKLIN D 6278 NORTH FEDERAL HIGHWAY, S-293 FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS REMOLINO, JANIS 100 BELLEVILLE AVE BLOOMFIELD NJ 07003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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

Date

Daytime Phone #

FRANKLIN D. CARBONE

4.24.2000 954.779.4602

CR2E034 (9/99)