

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90229 008 ***150.00

DOCUMENT # P96000054884

1. Entity Name
ASSURED BENEFITS CORP.



Principal Place of Business

~~6255 S BAY CLUB DR~~
~~FORT LAUDERDALE FL 33308~~
~~46~~

Mailing Address

6278 NORTH FEDERAL HIGHWAY
PMB 293
FORT LAUDERDALE FL 33308

2. Principal Place of Business

4425 POINCIANA ST.
#5

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAUDERDALE BY THE SEA
FL 33308 BROWARD

City & State

Zip Country

4. FEI Number

65-0677522

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARBONE, FRANKLIN D.
4425 POINCIANA ST. #5
FT LAUDERDALE FL 33308

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JANIS REMOLINO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIC. PRESIDENT	
STREET ADDRESS	905 BROAD ST. 22, BLOOMFIELD, N.J. 07003	
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA HARRIS	
STREET ADDRESS	14225 SW 94 CR. LN. Bldg 11 102	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Franklin D. Carbone, J.P.R.E.S.

2-10-03

454-489-1398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)