2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000084128 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name FLORIDA SENIOR INSURANCE SERVICES, INC. 04-24-2000 90143 012 ***150.00 Principal Place of Business Mailing Address 9690 N.W. 41 STREET 9690 N.W. 41 STREET SUITE ONE SUITE ONE MIAMI FL 33178 MIAMI FL 33022-1680 3. Mailing Address 2. Principal Place of Business ·0. 22/680 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0717115 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BROWNED Fee Required POWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDBERG, MICHAEL S ESQ. (P.O. Box Mumber is Not Acceptable) ///a_ 9690 N.W. 41 STREET SUITE ONE **MIAMI FL 33178** 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. Michael S. Goldon SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE D Delete TITLE 501dben Michael S 2455 Hollywood Blod, NAME GOLDBERG, MICHAEL S ESQ. NAME STREET ADDRESS STREET ADDRESS 9690 N.W. 41 STREET, SUITE ONE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 ☐ Addition TITLE ☐ Delete TITLE NAME NAME GOLDBERG, JACK STREET ADDRESS STREET ADDRESS 9690 NW 41 ST. STE 1 CITY-ST-ZIP CITY-ST-ZIP MAIMLEL. Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

COLATURE MISCONS PUBLICATIONS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

To VP Michael & to laber E

4/17/00

455-7746

☐ Addition

Daytime Phone #

Change

CR2E034 (9/99)