

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010624

1. Entity Name

Cambels Benefits Group, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business  
6080 NW 44th St

3. Mailing Address  
6080 NW 44th St

Suite, Apt. #, etc.  
Suite 308

Suite, Apt. #, etc.  
Suite 308

City & State  
Lauderhill, FL

City & State  
Lauderhill, FL

Zip  
33319

Zip  
33319

FILED  
Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90060 011 \*\*\*150.00

CO049090

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0727679

Applied For
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Name  
Sherman, David A  
Street Address (P.O. Box Number is Not Acceptable)  
6080 NW 44th St  
Suite 308  
City Launderhill FL Zip Code 33319

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, 2001 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

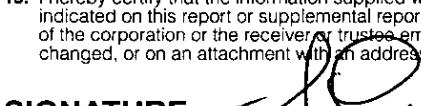
## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sherman, David A <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6080 NW 44th Street, Suite 308 Lauderhill, FL 33319 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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

David A. Sherman

4-11-01

Date

(954) 735-3283

Daytime Phone #

CR2E034 (11/00)