2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018956

1. Entity Name

BROWARD UNDERWRITERS INSURANCE, AUTO TAG & TITLE

Principal Place of Business 4005 W. HALLANDALE BEACH BLVD. HOLLYWOOD FL 33023

Mailing Address

4005 W. HALLANDALE BEACH BLVD. HOLLYWOOD FL 33023-4447

3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0733249 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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. 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 9. This corporation is eligible to satisfy its Intangible **10.** Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition **PST** ☐ Delete TITLE TITLE COLE MARIA EUGENIA COLE, MARIA EUGENIA NAME NAME W. HALLANDALO BEACH BLUP STREET ADDRESS 4005 4407 W. HALLANDALE BEACH BLVD. CITY-ST-ZIP 33023 -4431 HOLLYWOOD FL 33023-4431 HOLYWOOD FL Addition ☐ Change ☐ Delete TITLE NAME They'r The HE STREET ADDRESS

STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS: 5 0 8 5 12 V CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 required products as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachme an address, with all other like empowered.

SIGNATURE:

College William SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARIA EULENIA COLE 2-18-00

FILED

Feb 29, 2000 8:00 am

Secretary of State

02-29-2000 90186 005 ***150.00