

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033621

1. Entity Name

SELDEN BEATTIE INSURANCE GROUP, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90091 027 ***150.00

Principal Place of Business

Mailing Address

2701 S BAYSHORE DR
 SUITE 500
 COCONUT GROVE FL 33133
 US

2701 S BAYSHORE DR SUITE 500
 COCONUT GROVE FL 33146-3041
 US

2. Principal Place of Business

1500 SAN Remo Ave

3. Mailing Address

1500 SAN Remo Ave

Suite, Apt. #, etc.

136

Suite, Apt. #, etc.

136

City & State

Coral gables

City & State

Coral gables



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0752180

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BEATTIE, BEVERLY E
 3605 BATTERSEA ROAD
 COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name Beverly E. Beattie

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

8100 SW 54 Avenue

City

MIAMI

FL

Zip Code

33143

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-12-00

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

TITLE PDTS Delete
 NAME BEATTIE, BEVERLY E
 STREET ADDRESS 3605 BATTERSEA ROAD
 CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00
 Date

305 666 9090
 Daytime Phone #

CR2E034 (9/99)