

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90464 034 ***150.00

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1. Entity Name
SELDEN BEATTIE INSURANCE GROUP, INC.

Principal Place of Business
**1500 SAN REMO AVE
#136
CORAL GABLES FL 33146
US**

Mailing Address
**1500 SAN REMO AVE
#136
CORAL GABLES FL 33146
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
180

Suite, Apt. #, etc.
180

City & State

City & State

4. FEI Number **65-0752180**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEATTIE, BEVERLY E
8100 SW 54 AVE
MIAMI FL 33143**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: PDTS
NAME: Beattie, Beverly E
STREET ADDRESS: 8100 SW 54 Avenue
CITY-ST-ZIP: Miami, FL. 33143

TITLE:
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/03 355-661-9090

CR2E034 (10/02)