

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

0140542 AV

DOCUMENT # P97000057154

1. Entity Name

SOUTHLAND INSURANCE GROUP III, INC.,



Principal Place of Business
**27 NORTHWEST 2ND AVENUE
HALLANDALE FL 33009**

Mailing Address
**27 NORTHWEST 2ND AVENUE
HALLANDALE FL 33009**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0765227**

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

**FRUND, DANIEL J
27 N.W. 2ND AVENUE
HALLANDALE FL 33009**

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 **P** ☐ Delete
NAME **FRUND, DANIEL J**
STREET ADDRESS **27 NW 2ND AVE.**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #

Florida Department of State
Uniform business Report Filings
Division of Corporations

Re: SOUTHLAND INS GROUP III

80141800
DOCUMENT # P97000057654

Dear Sirs,

I recently called you on the phone to express that i had not sent in my coporate report, as when it is due. The reson being was that our bookeeper fowarded this to our accountant. When I called your office and expressed this to you, your represenative said to write a letter explaining what had happened and send in the regular fee. I am enclosing the report with the check on both my corporations as i have two. I would appreciate any consideration you may give me, as if you look at my account you will note these have never been filed late and I have never ask for any consideration. Your help in this matter is greatly appreciated.

Sincerely

Daniel J. Frand