

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083509

1. Entity Name

CONTINENTAL ASSURANCE CONSULTANTS INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90023 034 ***150.00

0180182

Principal Place of Business

8338 S.W. 8TH STREET
MIAMI FL 33144

Mailing Address

8338 S.W. 8TH STREET
MIAMI FL 33144

2. Principal Place of Business

8300 S.W. 8th Street

3. Mailing Address

8300 S.W. 8th Street

Suite, Apt. #, etc.

Ste. 307

Suite, Apt. #, etc.

Ste. # 307

City & State

Miami, FL

City & State

Miami, FL

Zip

33144

Country

USA

Zip

33144

Country

USA

6. Name and Address of Current Registered Agent

MACHADO, MAGALY
8338 S.W. 8TH STREET
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

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

8300 S.W. 8th Street Ste #307

City

Miami

FL

Zip Code

33144

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

TITLE PD
NAME MACHADO, MAGALY
STREET ADDRESS 3488 S.W. 112TH AVENUE
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE STD
NAME SERUYA, SIMON
STREET ADDRESS 3488 S.W. 112TH AVENUE
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Simon Seruya

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01 305-267-2282

CR2E034 (10/00)