

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90308 018 ***150.00

DOCUMENT # P98000020964

1. Entity Name
CRITICAL ILLNESS INSURANCE MARKETING, INC.

Principal Place of Business 1901 NORTH ATLANTIC BOULEVARD SUITE 12D SOUTH FT LAUDERDALE FL 33305	Mailing Address 1901 NORTH ATLANTIC BOULEVARD SUITE 12D SOUTH FT LAUDERDALE FL 33305-3703
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2. Principal Place of Business 1905 NORTH OCEAN BLVD Suite, Apt. #, etc. 16C EAST BLDG. City & State FORT LAUDERDALE FL. Zip 33305	3. Mailing Address 1905 NORTH OCEAN BLVD Suite, Apt. #, etc. 16C EAST BLDG. City & State FORT LAUDERDALE FL. Zip 33305
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0818381	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZUCKERMAN, SHEILA 1901 N. ATLANTIC BLVD SUITE 12D SOUTH FT LAUDERDALE FL 33305	
7. Name and Address of New Registered Agent 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.

SIGNATURE: *Sheila Zuckerman* *SHEILA ZUCKERMAN* DATE: *4/25/2000*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, SHEILA		NAME		
STREET ADDRESS	1901 NORTH ATLANTIC BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33305		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, EDWARD		NAME		
STREET ADDRESS	1901 NORTH ATLANTIC BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33305		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Sheila Zuckerman* *SHEILA ZUCKERMAN* DATE: *4/25/2000* 957 3667551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)