2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020964

1. Entity Name

CRITICAL ILLNESS INSURANCE MARKETING, INC.

Principal Place of Business	Mailing Address
1905 N OCEAN BLVD 16C EAST BLDG FT LAUDERDALE FL 33305	1905 N OCEAN BLVD 16C EAST BLDG FT LAUDERDALE FL 33305

2. Principal Place of Business	3. Mailing Address
3033 NE 26TH ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State *FT. LAUDERDALE FL.*	City & State
Zip 33305 Country BROWARD	Zip Country USA

4. FEI Number 65-0818381   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZUCKERMAN, SHEILA
1905 N OCEAN BLVD
STE 16C
FT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name ZUCKERMAN, SHEILA

Street Address (P.O. Box Number is Not Acceptable)
3033 NE 26TH ST

City FT LAUDERDALE   FL   Zip Code 33305

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 _Edward A. Zuckerman_ EDWARD S. ZUCKERMAN   4/25/2001

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)   X N/A

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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ZUCKERMAN, SHEILA 1901 NORTH ATLANTIC BOULEVARD FT LAUDERDALE FL 33305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ZUCKERMAN SHEILA 3033 NE 26TH ST FT. LAUDERDALE FL 33305	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZUCKERMAN, EDWARD 1901 NORTH ATLANTIC BOULEVARD FT LAUDERDALE FL 33305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZUCKERMAN EDWARD 3033 NE 26TH ST FT. LAUDERDALE FL. 33305	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (10/00)

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: _Edward A. Zuckerman_ EDWARD S. ZUCKERMAN   4/25/2001   954-566-7551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #