MAY-01-2002 14:15 FROM-[redacted] Assoc

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May 14, 2002 8:00 am
Secretary of State
05-14-2002 90348 046 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020964

1. Entity Name
CRITICAL ILLNESS INSURANCE MARKETING INC

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 650818381 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name SHEILA ZUCKERMAN
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 X ______________________

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	SHEILA ZUCKERMAN
STREET ADDRESS	3033 NE 26TH ST
CITY-ST-ZIP	FT LAUDERDALE FL 33305
TITLE	VICE PRESIDENT
NAME	EDWARD S. ZUCKERMAN
STREET ADDRESS	3033 NE 26TH ST
CITY-ST-ZIP	FT. LAUDERDALE FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034E (12/01)

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 11 or on an attachment with all other like empowered.

SIGNATURE: Edward S. Zuckerman VICE PRES. 5/1/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE