

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029638

1. Entity Name

ASSURED PREMIUM FINANCE CORPORATION

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90091 010 ***150.00

Principal Place of Business

Mailing Address

2393 S. CONGRESS AVE
WEST PALM BCH FL 33406

P O BOX 5417
LAKE WORTH FL 33466-5417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0833962

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

KAPLAN, MARK E
106 EAST COLLEGE AVENUE
SUITE 1200
TALLAHASSEE FL 32301

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

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, 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 PD ☐ Delete
NAME FINKLESTEIN, MYRON H
STREET ADDRESS 10451 W. BROWARD BLVD B2-109
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7305 Corkwood Circle
CITY-ST-ZIP Tamarac, FL 33327

TITLE SD ☐ Delete
NAME MURSTEIN, PAUL C
STREET ADDRESS 250 PARK AVE #2030
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE CD ☐ Delete
NAME SEAMAN, CARL
STREET ADDRESS 250 PARK AVE #2030
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE TV ☐ Delete
NAME BLAKE, JAMES W
STREET ADDRESS 2358 SUNDERLAND AVE
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE V ☐ Delete
NAME PRENDAMANO, JOSEPH G
STREET ADDRESS 718 JUNIPER PL
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

JOHN JAMES W. BLAKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/00 (561) 565-5102

CR2E034 (9/99)