

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90176 018 ***150.00

DOCUMENT # P98000072896

1. Entity Name
INSURANCE GROUP OF SOUTH FLORIDA, INC.

Principal Place of Business
20423 STATE ROAD 7, STE. 302
BOCA RATON FL 33498

Mailing Address
C/O BLAKESBERG & CO CPAS
951 SW 4TH AVE
BOCA RATON FL 33432-5803

2. Principal Place of Business
1835 S. PERIMETER RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 165
FT LAUDERDALE FL

City & State

4. FEI Number **65-0858910**

Applied For
 Not Applicable

Zip **33309** Country **BROWARD**

Zip Country

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

FEINMAN, STEVEN
20423 STATE ROAD 7, STE. 302
BOCA RATON FL 33498

Name **WILLIAM J BLAKESBERG**
 Street Address (P.O. Box Number is Not Acceptable) **951 SW 4TH AVE**
 City **BOCA RATON FL** Zip Code **33432-5803**

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 filer, as applicable
WILLIAM J BLAKESBERG

(NOTE: Registered Agent signature required when reinstating)

1/28/02
 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, 2002 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 **D** ☐ Delete
 NAME **FEINMAN, STEVEN**
 STREET ADDRESS **20423 STATE RD. 7, STE. 302**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **PD** ☒ Change ☒ Addition
 NAME
 STREET ADDRESS **1835 S. PERIMETER - SUITE 165**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 **954-351-8024**
 Date Daytime Phone #

CR2E034 (9/01)