2002 UNIFORM BUSINESS REPORT (UBR)

Jul 29, 2002 8:00 am Secretary of State DOCUMENT # P98000074637 1. Entity Name 07-29-2002 90004 002 ***560.00 NEW ALLIANCE INSURANCE BROKERS, INC. Principal Place of Business Mailing Address 8360 W. FLAGLER ST 8360 W. FLAGLER ST SHITE 102 SUITE 102 MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0860368 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 City 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. I am familiar with, and accept the obligations of registered agent. 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS D 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition NAME TORRES, HUMBERTO 2841 S.W. 133RD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL: 33175 CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition BIALILEW, SAUL NAME STREET ADDRESS 12705 S.W. 77TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CASTRO. OLGA NAME STREET ADDRESS 9715 SW 74 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition NAME OLIVA, RICARDO E NAME STREET ADDRESS 1031 N.W. 185TH AVE. STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition BAICH, GEORGE M NAME STREET ADDRESS 11133 S.W. 17TH MANOR STREET ADDRESS C!TY-ST-ZIP DAVIE FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

13. Thereby 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.

CITY-ST-7IP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ATURE REQUIRED

FILED