

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90103 041 ***150.00

DOCUMENT # P98000074637



1. Entity Name
NEW ALLIANCE INSURANCE BROKERS, INC.

Principal Place of Business
8360 W. FLAGLER ST
SUITE 102
MIAMI FL 33144

Mailing Address
8360 W. FLAGLER ST
SUITE 102
MIAMI FL 33144

90014210



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0860368		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FILINGS, INC.				Name			
3732 N.W. 16TH STREET				Street Address (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE FL 33311-4132				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRES, HUMBERTO		NAME		
STREET ADDRESS	2841 S.W. 133RD AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIALILEW, SAUL		NAME		
STREET ADDRESS	12705 S.W. 77TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTRO, OLGA		NAME		
STREET ADDRESS	97-15 SW-74 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAICH, GEORGE M		NAME		
STREET ADDRESS	11133 S.W. 17TH MANOR		STREET ADDRESS		
CITY-ST-ZIP	DAVE FL 33324		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *01/24/03* Date *(305) 551-2167* Daytime Phone #

CR2E034 (10/02)