2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085764

45764

1. Entity Name

SECURE INSURANCE GROUP, INC.

FILED
May 20, 2000 8:00 am
Secretary of State
05-20-2000 90010 007 ***150.00

Principal Place of Business	Mailing Address
17100 COLLINS AVE (#11) NORTH MIAMI BEACH FL 33160	3750 W FLAGLER ST MIAMI FL 33134-1602

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0871793 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZAJAC, ALEJANDRO
3750 W FLAGLER STREET
MIAMI FL 33134

7. Name and Address of New Registered Agent

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

TITLE	PSD	☐ Delete
NAME	IRANI, NOSH	
STREET ADDRESS	6804 SW 10 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: NOSH IRANI DIRECTOR 04/06/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #