

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90501 012 ***150.00

0573419

DOCUMENT # P98000101918

1. Entity Name
INSIGHTS, INC.

Principal Place of Business

Mailing Address

1688 WEST AVENUE #901
 MIAMI BEACH FL 33139

1688 WEST AVENUE #901
 MIAMI BEACH FL 33139

C0042139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0883701**

Applied For
 Not Applicable

Zip

Country

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

ALLEN, WHITNEY P
1688 WEST AVENUE #901
MIAMI BEACH FL 33139

Name **Jackie Greenberg**
 Street Address (P.O. Box Number is Not Acceptable)
3035 North Bay Road

City **Miami Beach,** **FL** Zip Code **33140**

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 type or printed name of registered agent and title if applicable.

J.D. GREENBERG, CPA.

(NOTE: Registered Agent signature required when reinstating)

31 March 2001

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, 2001 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 **PT** ☐ Delete
 NAME **ALLEN, WHITNEY P**
 STREET ADDRESS **1688 WEST AVE # 901**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☒ Change ☐ Addition
 NAME **2 RIDGEWOOD DRIVE**
 STREET ADDRESS **DANBURY, CT 06811**
 CITY-ST-ZIP

TITLE **VS** ☐ Delete
 NAME **MOELLER, MELANIE**
 STREET ADDRESS **2845 WINDSOR DRIVE # 303**
 CITY-ST-ZIP **FALLS CHURCH VA 22042**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

Whitney P. Allen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/01 203-730-0735

CR2E034 (10/00)