

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015869

1. Entity Name

PROVIDER ASSURANCE, INC.

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90009 004 ***150.00

Principal Place of Business

1435 LAKE CRESCENT PLACE
 MIAMI LAKES FL 33014

Mailing Address

1435 LAKE CRESCENT PLACE
 MIAMI LAKES FL 33014

2. Principal Place of Business

1140 W 50th ST

3. Mailing Address

P.O. Box 4624

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

City & State

HI/LEAH, Florida

City & State

Hi/leah.

4. FEI Number

650899389

Applied For

Not Applicable

Zip

33012

Country USA

MIAMI LAKES

Zip

33014

Country USA

MIAMI LAKES

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME REINET, JOSE A
 STREET ADDRESS 1435 LAKE CRESCENT PLACE
 CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

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

TITLE S
 NAME MACHADO, MAYDA
 STREET ADDRESS 1435 LAKE CRESCENT PLACE
 CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 305 556-3439

CR2E034 (9/99)