

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027626

1. Entity Name

EDH INSURANCE GROUP, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90049 002 ***150.00

Principal Place of Business

251 HIBISCUS DR., #3
MIAMI SPRINGS FL 33166

Mailing Address

251 HIBISCUS DR., #3
MIAMI SPRINGS FL 33166-5238

2. Principal Place of Business

4 West Las Olas Blvd.

3. Mailing Address

4 West Las Olas Blvd.

Suite, Apt. #, etc.

Suite 503

Suite, Apt. #, etc.

Suite 503

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

US

Zip

33301

Country

US

4. FEI Number

52-2159332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORES, PAUL

251 HIBISCUS DR., #3
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name

Paul Flores

Street Address (P.O. Box Number is Not Acceptable)

71 Morningside Dr

City

Miami Springs

FL

Zip Code
33166

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

Paul Flores
Signature, typed or printed name of registered agent and title if applicable.

Paul Flores

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/00

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 | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | P/V/T/S/D/C/M | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Paul Flores | |
| STREET ADDRESS | 71 Morningside Dr. | |
| CITY-ST-ZIP | Miami Springs, FL 33166 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Paul Flores*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Flores

03/16/00

954-527-5953

Date

Daytime Phone #

CR2FR34 (9/99)