

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90070 013 ***150.00

BU100704

DO NOT WRITE IN THIS SPACE

DOCUMENT

1. Entity Name **99000043001 (May 7th, 1999)**

American Workplace Insurance Group, INC.

Principal Place of Business

Mailing Address

18316 NW 68th Ave Ste E
Miami FL 33015
(FLORIDA)

2. Principal Place of Business

3. Mailing Address

18316 NW 68th AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E

City & State

City & State

Miami FL

Zip

Country

Zip

Country

4. FEI Number

59-35 18365

Applied For

Not Applicable

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

Don LaBarbera

2901 West Busch Blvd Ste 610
Tampa FL 33618

Name

Nelson J. Spoto Jr.

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

18316 NW 68th Ave # E

City

Miami, FL

FL

Zip Code

33015

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

Nelson J Spoto

Nelson J Spoto Jr.

President

5/1/2000

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 **President Don LaBarbera** ☒ Delete
 NAME **DON LABARBERA**
 STREET ADDRESS **3802 EHRLEICH Rd. Ste 302**
 CITY-ST-ZIP **Tampa FL 33624**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Nelson J Spoto**
 STREET ADDRESS **18316 NW 68th Ave # E**
 CITY-ST-ZIP **Miami FL 33015**

TITLE **DON LABARBERA** ☒ Change ☐ Addition
 NAME **Secretary**
 STREET ADDRESS **2901 West Busch Blvd. 610**
 CITY-ST-ZIP **Tampa FL**

TITLE **Mary C Spoto** ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **925 Cimarron Dr.**
 CITY-ST-ZIP **Tampa FL 33603**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Mark A Garcia**
 STREET ADDRESS **4621 Longfellow Ave. W**
 CITY-ST-ZIP **Tampa FL**

TITLE **V.P. of marketing** ☐ Change ☒ Addition
 NAME **Andy Shinkdecker**
 STREET ADDRESS **3533 Raintree Rd**
 CITY-ST-ZIP **Va Beach Va 23452**

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:

Nelson J Spoto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000 305-821-6507

Date

Daytime Phone #

CR2E034 (9/99)