## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P99000053776** May 11, 2000 8:00 am Secretary of State 1. Entity Name NEW WORLD RISK MANAGEMENT, INC. 04-07-2000 90001 040 \*\*\*150.00 Principal Place of Business Mailing Address 2300 GLADES ROAD STE 340W 2300 GLADES ROAD STE 340W BOCA RATON FL 33431-8534 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4 FEI Number City & State City & State Not Applicable Zio. Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEIDEN, ANDREW Street Address (P.O. Box Number is Not Acceptable) 2300 GLADES ROAD STE 340W **BOCA RATON FL 33431** City Zio Code FI 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 DATE Signature, typad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition CR2E034 (9/99 TITLE ☐ Delete TITLE NAME GLAdes Road - Ste 3 40W NAME STREET ADDRESS STREET ADDRESS FL 33431 Raton CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE TITLE Sciden dre w NAME NAME 300 G Ladio Rd - 5te 340-W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP rec To. Change ... Delete . TITLE TITLE Glades Ld. Ste 340-W TOOL NAME NAME STREET ADDRESS STREET ADDRESS 33 43 / RATON CTTY-ST-ZIP CITY-ST-ZIE Addition Delete TITLE Change TITLE NAME Ste 340-W NAME GLAJES STREET ADDRESS STREET ADDRESS BOCH RATIN FL 33431 CITY-ST-ZIP CITY-ST-ZIP **X** Addition Change Delete TITLE TITLE D. MATTHEWMAN NAME NAME GLAdes Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3343/ CITY-ST-ZIP TITLE Change Addition | Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

SIGNATURE AND TYPED C