

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90162 004 ***150.00

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1. Entity Name

ASSOCIATED BENEFITS CORPORATION OF NORTH AMERICA, INC.



Principal Place of Business

9568 NW 9TH CT
PLANTATION FL 33324

Mailing Address

9568 NW 9TH CT
PLANTATION FL 33324

2. Principal Place of Business

10097 Clearcy Blvd

Suite, Apt. #, etc.

Suite 339

City & State

Plantation FL

Zip
33324

Country

USA

3. Mailing Address

10097 Clearcy Blvd

Suite, Apt. #, etc.

Suite 339

City & State

Plantation, FL

Zip

33324

Country

USA

10075890



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0943737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORWITT, JAY L

9568 NW 9TH CT

PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

HORWITT, Jay L

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

10097 Clearcy Blvd

Suite 339

City

Plantation

FL

Zip Code

33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME PD
STREET ADDRESS HORWITT, JAY L
CITY-ST-ZIP 9568 NW 9TH CT
PLANTATION FL 33324

TITLE ☐ Delete

NAME D
STREET ADDRESS HORWITT, JOCELYN
CITY-ST-ZIP 9568 NW 9TH COURT
PLANTATION FL 33324

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 10097 Clearcy Blvd suite 339
CITY-ST-ZIP Plantation, FL 33324

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 10097 Clearcy Blvd suite 339
CITY-ST-ZIP Plantation, FL 33324

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

4/10/03

Date

Daytime Phone #

CFR2034 (10/02)