

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90047 034 ***150.00

DOCUMENT # P99000104699

1. Entity Name
ANA INSURANCE GROUP, INC.

Principal Place of Business
560 N.W. 165TH ST. RD., STE. 300
NORTH MIAMI FL 33169

Mailing Address
560 N.W. 165TH ST. RD., STE. 300
NORTH MIAMI FL 33169

2. Principal Place of Business
560 NW 165 St. Rd.

3. Mailing Address
P.O. Box 693560

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Florida

City & State
Miami, Florida

Zip
33169

Country
USA

Zip
33269

Country
USA

4. FEI Number
65-0978121

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COHEN, LEWIS R
C/O LEWIS R. COHEN P.A.
1399 S.W. 1ST AVE., 3RD FL
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name
Paul Fraynd
Street Address (P.O. Box Number is Not Acceptable)
560 NW 165 Street Rd.
City
Miami **FL** **Zip**
33169

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 Fraynd* **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, 2002 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
D ☐ **Delete**
NAME
FRAYND, PAUL
STREET ADDRESS
560 N.W. 165TH ST. RD., STE. 300
CITY-ST-ZIP
NORTH MIAMI FL 33169

TITLE
D ☐ **Delete**
NAME
FRAYND, SAUL
STREET ADDRESS
560 N.W. 165TH ST. RD., STE. 300
CITY-ST-ZIP
NORTH MIAMI FL 33169

TITLE
D ☐ **Delete**
NAME
FRAYND, FANNY
STREET ADDRESS
560 N.W. 165TH ST. RD., STE. 300
CITY-ST-ZIP
NORTH MIAMI FL 33169

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 an otherwise empowered.

SIGNATURE: *Paul Fraynd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date **Daytime Phone #**

CR2E034 (9/01)