

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90115 003 ***150.00

DOCUMENT # 1322600 ✓
1. Entity Name
EISENBERG INSURANCE GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>407 LINCOLN RD</u>		3. Mailing Address <u>5025 COLLINS AVE</u>	
Suite, Apt. #, etc. <u>STE # 704</u>		Suite, Apt. #, etc. <u>STE # 704</u>	
City & State <u>MIAMI BEACH</u>		City & State <u>MIAMI BEACH</u>	
Zip <u>33139</u>	Country <u>MIAMI DADE</u>	Zip <u>33140</u>	Country <u>MIAMI DADE</u>

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4. FEI Number <u>65-0333802</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>S.J. EISENBERG</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>407 LINCOLN RD</u>	
<u>SUITE 704</u>	
City <u>MIAMI BEACH</u>	FL Zip Code <u>33139</u>

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 _____
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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE <u>PRES / DIR</u>	TITLE <u>S.J. EISENBERG</u>	TITLE <u>S.J. EISENBERG</u>
NAME <u>S.J. EISENBERG</u>	NAME <u>S.J. EISENBERG</u>	NAME <u>S.J. EISENBERG</u>
STREET ADDRESS <u>5025 COLLINS AVE</u>	STREET ADDRESS <u>5025 COLLINS AVE</u>	STREET ADDRESS <u>5025 COLLINS AVE</u>
CITY - ST - ZIP <u>MIAMI BEACH, FL 33140</u>	CITY - ST - ZIP <u>MIAMI BEACH, FL 33140</u>	CITY - ST - ZIP <u>MIAMI BEACH, FL 33140</u>
TITLE <u></u>	TITLE <u></u>	TITLE <u></u>
NAME <u></u>	NAME <u></u>	NAME <u></u>
STREET ADDRESS <u></u>	STREET ADDRESS <u></u>	STREET ADDRESS <u></u>
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TITLE <u></u>	TITLE <u></u>	TITLE <u></u>
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STREET ADDRESS <u></u>	STREET ADDRESS <u></u>	STREET ADDRESS <u></u>
CITY - ST - ZIP <u></u>	CITY - ST - ZIP <u></u>	CITY - ST - ZIP <u></u>
TITLE <u></u>	TITLE <u></u>	TITLE <u></u>
NAME <u></u>	NAME <u></u>	NAME <u></u>
STREET ADDRESS <u></u>	STREET ADDRESS <u></u>	STREET ADDRESS <u></u>
CITY - ST - ZIP <u></u>	CITY - ST - ZIP <u></u>	CITY - ST - ZIP <u></u>

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02 (305) 467-3500
Date Daytime Phone #

CR2E034B (12/01)