

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90093 028 ***150.00

DOCUMENT # K15834
 1. Entity Name
PROGRAM UNDERWRITERS, LIFE & HEALTH BENEFITS COR

Principal Place of Business 3700 COCONUT CREEK PARKWAY COCONUT CREEK FL 33066-1616 US	Mailing Address 3700 COCONUT CREEK PKWY COCONUT CREEK FL 33066-1616 US
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2. Principal Place of Business Suite, Apt. #, etc. SUITE 200 City & State	3. Mailing Address Suite, Apt. #, etc. SUITE 200 City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0041635	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZISSELMAN, ARNOLD 3700 COCONUT CREEK PARKWAY - SUITE 200 COCONUT CREEK FL 33066	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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]* **ARNOLD ZISSELMAN, Secretary** DATE: **4/6/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete BUTO, DONNA M 4200 N.W. 101 DRIVE CORAL SPRINGS FL	TITLE <i>Add "D"</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CST	<input checked="" type="checkbox"/> Delete BUTO, FRANCES T. 4200 N.W. 101 DRIVE CORAL SPRINGS FL 33065	TITLE <i>Add "D"</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input type="checkbox"/> Delete BUTO, STEPHEN 11184 LAKEVIEW DR CORAL SPGS FL 33071	TITLE <i>Add "D"</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S!	<input type="checkbox"/> Delete	TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	NAME ARNOLD ZISSELMAN	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS 3931 N.W. 27 Avenue	
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP BOCA RATON, FL 33434	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	NAME	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	NAME	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	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: *[Signature]* **Donna M. Buto, Pres.** Day: **4/6/00** (954) Daytime Phone #: **978-9880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR