

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

0131925

DOCUMENT # K15834

05-04-2001 90035 014 ***150.00

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

Principal Place of Business 3700 COCONUT CREEK PARKWAY SUITE 200 COCONUT CREEK FL 33066-1616 US	Mailing Address 3700 COCONUT CREEK PARKWAY SUITE 200 COCONUT CREEK FL 33066-1616 US
--------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0041635**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZISSELMAN, ARNOLD
 3700 COCONUT CREEK PARKWAY
 SUITE 200
 COCONUT CREEK FL 33066**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTO, DONNA M 4200 N.W. 101 DRIVE CORAL SPRINGS FL	<input type="checkbox"/> Delete
------------------------------------------------	--------------------------------------------------------------------------	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	11400 N.W. 56 DR. APT. 104 CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	---------------------------------------------------------------	------------------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUTO, STEPHEN 11184 LAKEVIEW DR CORAL SPGS FL 33071	<input type="checkbox"/> Delete
------------------------------------------------	----------------------------------------------------------------------------	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	--	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZISSELMAN, ARNOLD 3931 NW 27 AVENUE BOCA RATON FL 33434	<input type="checkbox"/> Delete
------------------------------------------------	-------------------------------------------------------------------------------	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	--	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
------------------------------------------------	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	--	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
------------------------------------------------	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	--	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
------------------------------------------------	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	--	-------------------------------------------------------------------

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 supplementary 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: Arnold Zisselman 4/27/01 934-928-9880
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)