

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90243 023 ***150.00

0194126 AV

DOCUMENT # K15834

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



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**



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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUTO, DONNA M	
STREET ADDRESS	5823 NW 119 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BUTO, STEPHEN	
STREET ADDRESS	11184 LAKEVIEW DR	
CITY-ST-ZIP	CORAL SPGS FL 33071	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ZISSELMAN, ARNOLD	
STREET ADDRESS	3931 NW 27 AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 OF REGISTERED AGENT **S/T** 4/29/03 **954-978-9880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)