

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90493 009 ***150.00

0115559

DOCUMENT # F29059

1. Entity Name

FAMILY INSURANCE SERVICES, INC.

Principal Place of Business

18463 PINES BLVD
 PEMBROKE PIENS FL 33029
 US

Mailing Address

18463 PINES BLVD
 PEMBROKE PINES FL 33029
 US

929038



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 **59-2083376**

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

BERGER & DAVIS
100 NE 3RD AVE
STE 4400
FT LAUDERDALE FL 33301

Name **Berger-Singerman, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
350 East Las Olas Blvd

Suite 1000

City **ft. laud**

FL

Zip Code **33301**

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) ☐

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 **PMVD**
 STREET ADDRESS **MARINO, BRIAN T.**
 CITY-ST-ZIP **10701 PARIS ST**
COOPER CITY FL

☐ Delete

TITLE
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 STREET ADDRESS
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☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01 954-431-1233

Date

Daytime Phone #

CR2E034 (10/00)