FILED
May 06, 2003 8:00 am
Secretary of State
02-18-2003 90114 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000058352

1. Entity Name
GARDA INSURANCE SERVICES, INC.

55038009

Principal Place of Business	Mailing Address
3370 NE 190 ST #2114 AVENTURA, FL 33180	3370 NE 190 ST #2114 AVENTURA, FL 33180

2. Principal Place of Business	3. Mailing Address
1250 Wiley St.	1250 Wiley St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FL	City & State: Hollywood FL
Zip: 33019 Country: USA	Zip: 33019 Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 74-3046051 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACHUL, JOHN D
3370 NE 190 ST #2114
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name: John D. Machul
Street Address (P.O. Box Number is Not Acceptable): 1250 Wiley St.
City: Hollywood FL Zip Code: 33019

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 [signature] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 4-27-03

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	President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	John Machul	NAME	
STREET ADDRESS	1250 Wiley St.	STREET ADDRESS	
CITY-ST-ZIP	Hollywood FL 33019	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] John D. Machul — 4-27-03 — 305 940 2992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

#P0200058353
55038009

1025

[redacted]

GARDA INSURANCE SERVICES INC.

030188255 0031 0747 23 02-21-03 63-964/670

DATE 2-13-03

PAY TO THE ORDER OF Florida Department of State $150 =

One Hundred Fifty Dollars DOLLARS

Mellon United National Bank
Miami, Florida

FOR UBR

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BANK OF AMERICA,NA JAX
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FEB 18 2003

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 100006[illegible]