

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90139 034 ***150.00

DOCUMENT # P96000054067

1. Entity Name
GREGORY MARINE INSURANCE, INC.



Principal Place of Business
**3300 NW N. RIVER DR.
MIAMI, FL 33142**

Mailing Address
**3300 NW N. RIVER DR.
MIAMI, FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0684496

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILBERBERG, NOEL G
8260 SW 204TH ST
MIAMI, FL 33189**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when withdrawing)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$500.00
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

TITLE PD ☐ Delete
NAME **SILBERBERG, NOEL G**
STREET ADDRESS **8260 SW 204TH ST**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE STD ☐ Delete
NAME **SILBERBERG, DAVID G**
STREET ADDRESS **6200 SW 49TH ST**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

4/29/2003

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
90134517

Gregory Marine Insurance

3300 NW North River Drive
Miami, FL, 33142, USA

Telephone (305) 638-2555
Fax (305) 638-0705

May 8, 2003

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attention: Annual Reports Section

Re: 2003 Annual Report
Gregory Marine Insurance, Inc.
Doc# P96000054067

Gentlemen:

I am resending to you the Annual Report for the above referenced corporation. I am asking that it be accepted without penalty.

In explanation, I am enclosing the following:

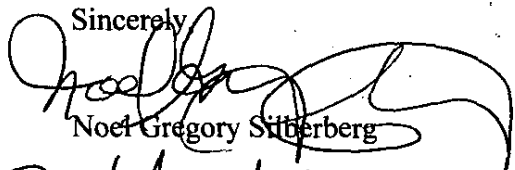
1. The original envelope, postmarked April 29, 2003 in Miami, FL.
2. The (UBR) dated and signed April 29, 2003
3. Check no 2455 properly made out in the amount of \$150.00
4. The certified mail card which somehow became attached to my envelope after being delivered to the post office

The envelope containing the (UBR) and check was hand delivered to the post office on April 29, 2003. At the post office the Certified Mail card was somehow attached to the envelope. When the letter was placed in the drop the certified letter card was not attached. The letter was returned yesterday May 7, 2003.

After talking to one of your examiners, she suggested that I send this letter with attachments to you. And request that you accept the filing without penalty.

Please accept my check and (UBR) without penalty.

Sincerely


Noel Gregory Silberberg

Certified # 7099 3400 0006 9742 1836