

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 310514

1. Entity Name

KING CARMEL INSURANCE, INC.

Principal Place of Business

11601 NORTHWEST 7TH AVENUE
MIAMI FL 33168

Mailing Address

11601 NORTHWEST 7TH AVENUE
MIAMI FL 33168

2. Principal Place of Business

1599 MARINER WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 245295

Suite, Apt. #, etc.

City & State

HOLLYWOOD FLORIDA

City & State

PENBROKE PINES FLORIDA

4. FEI Number

59-1199618

Applied For

Not Applicable

Zip

33019

Country

Broward

Zip

33024

Country

Broward

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

6. Name and Address of Current Registered Agent

CARMEL, ALLAN B.
11601 NW 7TH AVE
MIAMI FL 33168

7. Name and Address of New Registered Agent

Name

BARBARA CARMEL

Street Address (P.O. Box Number is Not Acceptable)

1599 MARINER WAY

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.

SIGNATURE

Barbara Carmel

BARBARA CARMEL

3-26-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARMEL, ALLAN B.	
STREET ADDRESS	11601 N.W. 7TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARMEL, BARBARA	
STREET ADDRESS	11601 N.W. 7 AVENUE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Barbara Carmel

BARBARA CARMEL

3-26-02 954-966-1566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90231 036 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)