

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90029 027 ***150.00

DOCUMENT # F99000005018

1. Entity Name

TIGERQUOTE.COM INSURANCE & FINANCIAL SERVICES GR

Principal Place of Business

2875 N.E. 191ST STREET.
STE 300
MIAMI FL 33180

Mailing Address

2875 N.E. 191ST STREET.
STE 300
MIAMI FL 33180

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0943391

Applied For

Not Applicable

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

MILLER, TRAVIS L
106 EAST COLLEGE AVE., SUITE 1200
TALLAHASSEE FL 32301

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.

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 PCD ☐ Delete
NAME MEIER, BRADLEY I
STREET ADDRESS 2875 N.E. 191ST STREET, #408 300
CITY-ST-ZIP MIAMI FL 33180

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

TITLE CFO ☐ Delete
NAME LYNCH, JAMES M
STREET ADDRESS 2875 N.E. 191ST STREET, #408 300
CITY-ST-ZIP MIAMI FL 33180

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

TITLE D ☐ Delete
NAME SLOGOFF, REED J
STREET ADDRESS 233 SOUTH 6TH STREET, #812-IIA
CITY-ST-ZIP PHILADELPHIA PA 19106

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

TITLE D ☐ Delete
NAME MEIER, NORMAN M
STREET ADDRESS 19589 N.E. 10TH AVENUE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

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

TITLE D ☐ Delete
NAME WILENTZ, JOEL M
STREET ADDRESS 19589 N.E. 10TH AVENUE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

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

TITLE D ☐ Delete
NAME KELLNER, IRWIN L
STREET ADDRESS 19589 N.E. 10TH AVENUE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ Change ☐ 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)(l), 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

BRADLEY I MEIER

Date

4/5/01 (305) 792-4202

Daytime Phone #

CR2E034 (10/00)