

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019580

1. Entity Name

GLOBAL INSURANCE SOLUTIONS, L.L.C.

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-08-2002 90237 001 ****50.00

Principal Place of Business

Mailing Address

12225 VISTA LANE 6051 OCEAN DR 12225 VISTA LANE 6051 OCEAN DR
MIAMI FL 33156 SUITE 1401 MIAMI FL 33156 SUITE 1401
HOLLYWOOD, FL HOLLYWOOD, FL
33019 33019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1158942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALMAN, STEVEN L

Name

12225 VISTA LANE 6051 OCEAN DRIVE
MIAMI FL 33156 SUITE 1401
HOLLYWOOD, FL
33019

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 reinstating)

7/3/02
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SALMAN, STEVEN L ☐ Delete
STREET ADDRESS 12225 VISTA LANE 6051 OCEAN DR
CITY-ST-ZIP MIAMI FL 33156 SUITE 1401 HOLLYWOOD, FL 33019

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/3/02 (954)922-5793
Date Daytime Phone #