

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L34712

1. Entity Name

JEMAR INSURANCE SERVICES INCORPORATED

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90066 007 ***150.00

Principal Place of Business

Mailing Address

% JERRY L. KOPELMAN
 1890 NE 208TH TER
 MIAMI FL 33179

% JERRY L. KOPELMAN
 1890 NE 208TH TER
 MIAMI FL 33009-2915



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 PARKVIEW DRIVE

3. Mailing Address

600 PARKVIEW DRIVE

Suite, Apt. #, etc.

1131

Suite, Apt. #, etc.

1131

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

4. FEI Number

65-0159943

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

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

KOPELMAN, MARCIA
 1890 NE 208TH TER
 MIAMI FL 33179

Name

KOPELMAN, MARCIA

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

600 PARKVIEW DRIVE
 # 1131

City

HALLANDALE

FL

Zip Code

33009

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

Marcia Kopelman

4/12/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	KOPELMAN, JERRY L.	
STREET ADDRESS	1890 NE 208TH TER	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOPELMAN, MARCIA	
STREET ADDRESS	1890 NE 208TH TER	
CITY-ST-ZIP	MIAMI FL	
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		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600 PARKVIEW DRIVE #1131
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600 PARKVIEW DRIVE #1131
CITY-ST-ZIP	HALLANDALE, FL 33009
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	
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:

Marcia Kopelman MARCIA KOPELMAN

Date

4/12/00

Daytime Phone #

954-456-6414

CR2E034 (9/99)