

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L37352

1. Entity Name

KORNREICH INSURANCE SERVICES (FLORIDA), INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90042 020 \*\*\*150.00

Principal Place of Business

Mailing Address

% LOUIS LEBOVIT  
350 ROYAL PALM WAY  
PALM BEACH FL 33480

% LOUIS LEBOVIT  
350 ROYAL PALM WAY  
PALM BEACH FL 33480-4327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0170973

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

LEBOVIT, LOUIS  
350 ROYAL PALM WAY  
PALM BEACH FL 33480

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, 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	PD	<input type="checkbox"/> Delete
NAME	KORNREICH, MATTHEW R.	
STREET ADDRESS	420 PRIMAVERA WAY	
CITY-ST-ZIP	PALM BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KORNREICH, JAMES D.	
STREET ADDRESS	521 5TH AVENUE	
CITY-ST-ZIP	NEW YORK N.Y.	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KORNREICH, WILLIAM D.	
STREET ADDRESS	521 5TH AVENUE	
CITY-ST-ZIP	NEW YORK N.Y.	
TITLE	D	<input type="checkbox"/> Delete
NAME	KORNREICH, THOMAS A.	
STREET ADDRESS	521 5TH AVENUE	
CITY-ST-ZIP	NEW YORK N.Y.	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Matthew R. Kornreich  
Matthew R. Kornreich

Jan. 6, 2000

Date

Daytime Phone #

561/833-0044

CR2E034 (9/99)