## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## L37352 DOCUMENT #

1. Entity Name

Principal Place of Business

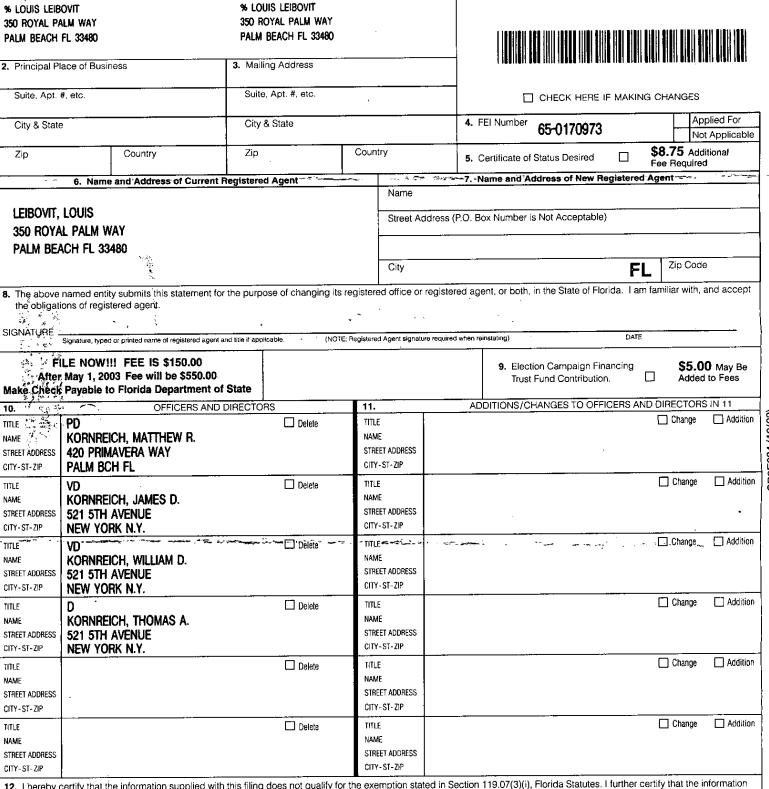
KORNREICH INSURANCE SERVICES (FLORIDA), INC.



FILED Feb 21, 2003 8:00 am Secretary of State

-2003 90182 038 \*\*\*150.00

|  | 02-21-2 |
|--|---------|
|  |         |



12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all they like empowered.

SIGNATURE:

TO THE DIRED SIGNATURE AND TYPED OR PRINTED

,2003

561-833-0044

Daytime Phone #

CR2E034 (10/02)