2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# M17718

Entity Name: INSURANCE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

3915 BISCAYNE BLVD.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

3915 BISCAYNE BLVD.
MIAMI, FL 33137

New Mailing Address:

FEI Number: 59-2572605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JUNGER, GUY ESQ
3915 BISCAYNE BLVD.
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

NAON, ALBERTO
3915 BISCAYNE BLVD.
MIAMI, FL 33137 US

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: ALBERTO NAON 04/29/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ( ).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CDP ( ) Delete
Name: ESPIN, ROBERTO, JR.,
Address: 3915 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: DV ( ) Delete
Name: WALTON, KEVIN
Address: 3915 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: STAR, WILLIAM
Address: 3915 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: JACKSON, SHAUN
Address: 3915 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

Title: TS ( ) Delete
Name: ALDULAIMI, RACHAEL
Address: 3915 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: ZUHLKE, JAMES
Address: 3915 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: WALTON, KEVIN T
Address: 3915 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHAEL L ALDULAIMI TS 04/29/2002
Electronic Signature of Signing Officer or Director Date