

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

04-25-2001 90006 028 ***150.00

DOCUMENT # P00000060560
 1. Entity Name
INSURANCE MARKETERS OF AMERICA, INC.

Principal Place of Business Mailing Address
8004 TRAVELERS TREE DRIVE **8004 TRAVELERS TREE DRIVE**
BOCA RATON FL 33433 **BOCA RATON FL 33433**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
20283 St. Rd. 7 Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste. 109

City & State City & State
Boca Raton FL

4. FEI Number Applied For
65-1018043 Not Applicable

Zip Country Zip Country
33498 **USA**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOLDBERG, ALAN M
8004 TRAVELERS TREE DRIVE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent
 Name **Alan M. Goldberg**
 Street Address (P.O. Box Number is Not Acceptable) **20283 St. Rd. 7 (Ste. 109)**
 City **Boca Raton** FL Zip Code **33498**

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 *Alan M. Goldberg Pres.* DATE **4/17/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 21, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD GOLDBERG, ALAN M 8004 TRAVELERS TREE DRIVE BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	PTSD Alan M. Goldberg 20283 St. Rd. 7 (Ste. 109) Boca Raton, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alan M. Goldberg Pres.* Date **4/17/01** Daytime Phone # **(561) 482-9335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)