

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91274 040 ***150.00

DOCUMENT # **P000000060560**

1. Entity Name

INSURANCE MARKETERS OF AMERICA, INC.



Principal Place of Business
20283 STATE ROAD 7 SUITE 109
BOCA RATON FL 33488-0548

Mailing Address
20283 STATE ROAD 7 SUITE 109
BOCA RATON FL 33488-0548

2. Principal Place of Business

8004 Travelers Tree Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 880548

Suite, Apt. #, etc.

11021910

☒ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton, FL

Zip
33433

Country
USA

City & State
Boca Raton, FL

Zip
33433

Country
USA

4. FEI Number
65-1018043

Applied For
☐ Not Applicable

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

Name
Alan Goldberg

Street Address (P.O. Box Number is Not Acceptable)
8004 Travelers Tree Dr.

City
Boca Raton

FL

Zip Code
33433

8. The above named entity submits this statement for the purpose of changing its registered officer, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Alan M. Goldberg** Pres. **Alan M. Goldberg**

DATE
4/23/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$450.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSD
NAME
GOLDBERG, ALAN M
STREET ADDRESS
8004 TRAVELERS TREE DR.
CITY-ST-ZIP
BOCA RATON FL 33433

TITLE
☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VTD
NAME
GOLDBERG, Sheila
STREET ADDRESS
8004 TRAVELERS TREE DR.
CITY-ST-ZIP
BOCA RATON FL 33433

TITLE
☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D
NAME
GOLDBERG, ROBERT B
STREET ADDRESS
8004 TRAVELERS TREE DR.
CITY-ST-ZIP
BOCA RATON FL 33433

TITLE
☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: **Alan M. Goldberg** **Alan M. Goldberg**

DATE
4/23/03

DAYTIME PHONE #
(561) 750-7055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/02)