

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

FILED

02 OCT 25 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000032605

1. Entity Name

N.S.I. Insurance Group, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8181 N.W. 154 Street

Suite, Apt. #, etc.

120

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Lakes, FL

City & State

4. FEI Number

65-1132268

Applied For

Not Applicable

Zip

33016

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DEBORAH WOLFORD

Street Address (P.O. Box Number is Not Acceptable)

1580 SAWGASS CORP. PKWY. Ste #130

City Sunrise

FL

Zip Code

33323

**DO NOT WRITE  
IN THIS SPACE**

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. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P.D.  
NAME George Nerezian  
STREET ADDRESS Miami Lakes  
CITY-ST-ZIP 8181 NW 154 St. #120 FL 33016

TITLE V.D.  
NAME OSCAR SETKIN  
STREET ADDRESS Miami Lakes  
CITY-ST-ZIP 8181 NW 154 St. #120 FL 33016

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

8/10/30

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-556-1488

CR2034B (12/01)



Nenezian & Associates  
Hernandez & Seikaly  
Nenezian & Seikaly  
Fidelity & Marine  
Asher Insurance

10/14/2002

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Inactive Status Tax ID# 65-1132268

Dear Gentlemen,

We evidently never received the UBR form for our entity of NSI Insurance Group, Inc.  
We have three different corporations, two of which we filed already and were received.

Please accept our apology, however we have no record of ever receiving the form. I have enclosed the completed the UBR form as well as our payment in the amount of \$150.00.  
Please reactivate our status. If you have any questions, please do not hesitate to contact our office.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "George Nenezian", followed by a long horizontal line extending to the right.

George Nenezian, Ext. 235