2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000038652

1. Entity Name
NATIONAL INSURANCE UNDERWRITERS, INC.

Principal Place of Business
800 YAMATO RD
SUITE 100
BOCA RATON, FL 33431 US

Mailing Address
800 YAMATO RD
SUITE 100
BOCA RATON, FL 33431 US

03262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0504990
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MENNELLA, FRANK
800 YAMATO R
SUITE 100
BOCA RATON, FL 33431

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000688568
04/10/07-80088-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SMITH, ANDREW
STREET ADDRESS	800 YAMATO RD SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	PD
NAME	MENNELLA, FRANK
STREET ADDRESS	800 YAMATO RD SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	S
NAME	LYN, JAMIE
STREET ADDRESS	800 YAMATO RD SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	T
NAME	GOLDFARB, HOWARD
STREET ADDRESS	800 YAMATO RD SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #