

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048438

1. Entity Name

NATIONAL INSURANCE MANAGEMENT COMPANY

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90006 020 ***150.00

Principal Place of Business

3909 N.E. 163 STREET
SUITE 305
NORTH MIAMI BEACH FL 33160

Mailing Address

3909 N.E. 163 STREET
SUITE 305
NORTH MIAMI BEACH FL 33160-4126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0633032

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRIMSLEY, CHARLES
3909 N.E. 163 STREET, 3RD FLOOR
NORTH MIAMI BEACH FL 33160

Name

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

City

FL

Zip Code

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PD ☐ Delete
NAME FERRER, JUAN
STREET ADDRESS 3909 N.E. 163 STREET, SUITE 305
CITY-ST-ZIP N. MIAMI BEACH FL 33160

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

TITLE SD ☐ Delete
NAME PARRILLO, MICHAEL
STREET ADDRESS 815 W. VAN BUREN STREET, #400
CITY-ST-ZIP CHICAGO IL 60607

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

TITLE T ☐ Delete
NAME RIVARD, JEAN-GUY
STREET ADDRESS 3909 N.E. 163 STREET, SUITE 305
CITY-ST-ZIP N. MIAMI BEACH FL 33160

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

TITLE D ☐ Delete
NAME PARRILLO, BEAU
STREET ADDRESS 3909 N.E. 163 STREET, SUITE 305
CITY-ST-ZIP N. MIAMI BEACH FL 33160

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

TITLE D ☐ Delete
NAME MCCARTHY, BARBARA
STREET ADDRESS 20 BAYBROOKM LANE
CITY-ST-ZIP OAKBROOK IL 60521

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

TITLE D ☐ Delete
NAME PARRILLO, RICHARD SR.
STREET ADDRESS 3909 N.E. 163 STREET, 3RD FLOOR
CITY-ST-ZIP N. MIAMI BEACH FL 33160

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN FERRER

1/27/00

Date

(305) 940-7299

Daytime Phone #

CR2E034 (9/99)