


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

0272893 AV

|  |   |
|--|---|
| <b>DOCUMENT #</b> P95000048438                                 |  |
| 1. Entity Name<br><b>NATIONAL INSURANCE MANAGEMENT COMPANY</b> |   |

04-18-2003 90224 019 \*\*\*150.00

|   |   |
|---|---|
| Principal Place of Business<br><b>3909 N.E. 163 STREET<br/>SUITE 305<br/>NORTH MIAMI BEACH FL 33160</b> | Mailing Address<br><b>3909 N.E. 163 STREET<br/>SUITE 305<br/>NORTH MIAMI BEACH FL 33160</b> |
|---|---|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

☐ CHECK HERE IF MAKING CHANGES

|   |  |  |
|---|--|--|
| 4. FEI Number <b>65-0633032</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                   |  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent            |
| <b>GRIMSLEY, CHARLES<br/>3909 N.E. 163 STREET, 3RD FLOOR<br/>NORTH MIAMI BEACH FL 33160</b> |  | Name   |
|   |  | Street Address (P.O. Box Number is Not Acceptable)     |
|   |  | City   |
|   |  | State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>FERRER, JUAN<br/>3909 N.E. 163 STREET, SUITE 305<br/>N. MIAMI BEACH FL 33160</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PRESIDENT + DIRECTOR<br/>JOHN MACHUL<br/>3909 N.E. 163RD ST., SUITE 300<br/>N. MIAMI BEACH, FL. 33160</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>PARRILLO, MICHAEL<br/>815 W. VAN BUREN STREET, #400<br/>CHICAGO IL 60607</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>FERRER, JUAN<br/>3909 NE 163RD ST<br/>N. MIAMI BEACH FL 33160</b> <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>PARRILLO, BEAU<br/>3909 N.E. 163 STREET, SUITE 305<br/>N. MIAMI BEACH FL 33160</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MCCARTHY, BARBARA<br/>20 BAYBROOKM LANE<br/>OAKBROOK IL 60521</b> <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>PARRILLO, RICHARD SR.<br/>3909 N.E. 163 STREET, 3RD FLOOR<br/>N. MIAMI BEACH FL 33160</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:**

*(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/8/3 305-9407299**

CR2E034 10/02