

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024237

1. Entity Name

STIBER INSURANCE SERVICES, INC.

FILED

Mar 14, 2000 8:00 am  
Secretary of State

03-14-2000 90045 031 \*\*\*150.00

Principal Place of Business

4048 NW 62ND LANE  
CORAL SPRINGS FL 33067  
US

Mailing Address

4048 NW 62ND LANE  
CORAL SPRINGS FL 33067-3217

LUUJ0004U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3885 N FEDERAL HIGHWAY  
SUITE, APT. #, etc.  
#250

3. Mailing Address

Suite, Apt. #, etc.

City & State

POMPANO BEACH  
FL  
33064

City & State

Zip Country  
33064 FL

4. FEI Number

65-0657689

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

STIBER, PAUL  
11601-BISCAYNE BLVD  
100  
N MIAMI FL 33181

Name

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

3885 N FEDERAL HIGHWAY #250

POMPANO BEACH

City

FL

Zip Code

33064

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)

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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.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STIBER, PAUL	
STREET ADDRESS	9690 W. SAMPLE RD., #202	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL STIBER	
STREET ADDRESS	3885 N FEDERAL HIGHWAY #250	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

954-943-4642