

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043119

1. Entity Name

KNEWITZ INSURANCE SERVICES, INC.

Principal Place of Business

8400 SOUTHWEST 133RD AVENUE, UNIT 303
MIAMI FL 33183

Mailing Address

8400 SOUTHWEST 133RD AVENUE, UNIT 303
MIAMI FL 33183

2. Principal Place of Business

7411 SW 128 AVE
Suite, Apt. #, etc.

3. Mailing Address

7411 SW 128 AVE
Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33183

Country

U.S.A.

Zip

33183

Country

U.S.A.

6. Name and Address of Current Registered Agent

KNEWITZ, KENNETH T
8400 SW 133 AVE
UNIT 303
MIAMI FL 33183

7. Name and Address of New Registered Agent

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
KNEWITZ, KENNETH TODD
8400 SOUTHWEST 133RD AVENUE, UNIT 303
MIAMI FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

Kenneth T. Knewitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01 305-408-1925

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90126 033 ***150.00

701218



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0668490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

0292736

CR2E034 (10/00)