

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90043 006 ***150.00

DOCUMENT # P96000060917

1. Entity Name

B-R INSURANCE BROKERS, INC.



Principal Place of Business

100 BROADWAY 4TH FLOOR
NEW YORK, NY 10005

Mailing Address

100 BROADWAY
NEW YORK, NY 10005

4401279J



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3899487

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEXTON, DAVID N ESQ
BOND, SCHOENECK AND KING, P.A.
1167 THIRD STREET SOUTH #107
NAPLES, FL 33940

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IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAPLAN, ARNOL B
STREET ADDRESS	100 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	STD
NAME	SORRENTINO, JOHN
STREET ADDRESS	100 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

John R Sorrentino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R Sorrentino

2/18/04 917 551-8570

Date

Daytime Phone #