

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90098 050 ***150.00

DOCUMENT # P97000020688

1. Entity Name
EKONO INSURANCE MULTI SERVICE INC.



Principal Place of Business
**11626 N.E. 2ND AVENUE
MIAMI FL 33168**

Mailing Address
**11626 N.E. 2ND AVENUE
MIAMI FL 33168**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0732904**

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

**ANILUS, GESNER
19220 N.W. 6TH AVENUE
MIAMI FL 33169**

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. 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, 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 **PD** ☐ Delete
NAME **ANILUS, GEESNER**
STREET ADDRESS **19220 N.W. 6TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33169**

☒ Change ☐ Addition
TITLE
NAME **844 Nandina Drive**
STREET ADDRESS **Weston FL 33327**
CITY-ST-ZIP

TITLE **SVD** ☐ Delete
NAME **ANILUS, MONA**
STREET ADDRESS **19220 N.W. 6TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33169**

☒ Change ☐ Addition
TITLE
NAME **844 Nandina Dr**
STREET ADDRESS **Weston FL 33327**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/03 365-757-6267

CR2E034 (10/02)