

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068593

1. Entity Name
NATIONAL REINSURANCE SERVICES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90066 025 ***150.00

Principal Place of Business
1890 SEMORAN BOULEVARD
SUITE 257
WINTER PARK FL 32792
US

Mailing Address
1890 SEMORAN BOULEVARD
SUITE 257
WINTER PARK FL 32792-1938
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2338-B WINTER WOODS BLVD
Suite, Apt. #, etc.

3. Mailing Address
2338-B WINTER WOODS BLVD
Suite, Apt. #, etc.

City & State
WINTER PARK, FL

City & State
WINTER PARK, FL

4. FEI Number
59-3460672

Applied For
Not Applicable

Zip
32792

Country
SEMINOLE

Zip
32792

Country
SEMINOLE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MIRANDA, ERICK J
2166 WEMBLEY PLACE
OVEIDO FL 32765

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MIRANDA, ERICK J		STREET ADDRESS	2338-B WINTER WOODS BLVD.	
CITY-ST-ZIP	1890 SEMORAN BOULEVARD, SUITE 257 WINTER PARK FL 32792		CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ERICK J. MIRANDA 2-22-00 407-677-0457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)