

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91177 040 ***150.00

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DOCUMENT # P97000068593

1. Entity Name

NATIONAL REINSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

2338-B WINTER WOODS BLVD
WINTER PARK FL 32792
US

2338-B WINTER WOODS BLVD
WINTER PARK FL 32792
US



2. Principal Place of Business

3. Mailing Address

2166 WEMBLEY PL.
Suite, Apt. #, etc.

PO Box 622705
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OUIDO, FL

City & State

OUIDO, FL

4. FEI Number

59-3460672

Applied For

Not Applicable

Zip

32765

Country

US

Zip

32762-2705

Country

US

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

MIRANDA, ERICK J
2166 WEMBLEY PLACE
OUIDO FL 32765

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, 2002 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
STREET ADDRESS
CITY-ST-ZIP
PSD
MIRANDA, ERICK J
2338-B WINTER WOODS BLVD
WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2166 WEMBLEY PL
OUIDO, FL 32765 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERICK J MIRANDA

3-20-02

407-
359-9800
Daytime Phone #

CR2E034 (9/01)