

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100056

1. Entity Name

NATIONAL UNDERWRITING SERVICES, INC.

**FILED**  
May 01, 2000 8:00 am  
**Secretary of State**

05-01-2000 90024 042 \*\*\*150.00

Principal Place of Business

Mailing Address

7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES FL 33016

7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES FL 33016-5816

2. Principal Place of Business

7900 Miami Lakes Dr, W

Suite, Apt. #, etc.

Suite 100

3. Mailing Address

7900 Miami Lakes Dr, W

Suite, Apt. #, etc.

Suite 100

City & State

Miami Lakes, FL

Zip

33016

Country

USA

City & State

Miami Lakes, FL

Zip

33016

Country

USA

4. FEI Number

65-0801663

Applied For

Not Applicable

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

MEYER, THOMAS H  
7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES FL 33016

Name

BRAFMAN, HOWARD J.

Street Address (P.O. Box Number is Not Acceptable)

7900 Miami Lakes Drive W., Suite 100

City

Miami Lakes

FL

Zip Code

33016

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 DP ☐ Delete  
NAME MEYER, THOMAS H  
STREET ADDRESS 7900 MIAMI LAKES DR WEST  
CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE EV ☐ Delete  
NAME BARROCAS, LINDA  
STREET ADDRESS 7900 MIAMI LAKES DR WEST  
CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE TS ☐ Delete  
NAME QUERALT, CONCEPCION  
STREET ADDRESS 7900 MIAMI LAKES DR WEST  
CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE V ☒ Delete  
NAME PONCE, SYLVIA L  
STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST  
CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE V ☐ Delete  
NAME WHEELER, BRIAN N  
STREET ADDRESS 7900 MIAMI LAKES DR WEST  
CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucia Queralt

4/25/00 305) 820-3977

Date

Daytime Phone #

CR2E034 (9/99)