

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100355

1. Entity Name

NEW YORK INSURANCE SERVICES, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90051 013 ***158.75

Principal Place of Business

Mailing Address

14691 SW 170 TERRACE
MIAMI FL 33177

6442 SW 8TH ST
MIAMI FL 33144-4814
US

2. Principal Place of Business

3. Mailing Address

6442 SW 8th ST

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

4. FEI Number

65-0802147

Applied For

Not Applicable

Zip

33144

Country

DADE

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

FALCON, ADALGIZA
6642 SW 8TH ST
MIAMI FL 33144

Name

FALCON, ANARDA

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

6442 SW 8th ST.

City

MIAMI

FL

Zip Code

33144

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 ☒ Delete
NAME D
STREET ADDRESS FALCON, ADALGIZA
CITY-ST-ZIP 14691 SW 170 TERRACE
MIAMI FL 33177

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS FALCON, ANARDA
CITY-ST-ZIP 6061 COLLINS AVE, 17E
MIAMI BEACH, FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E034 (9/99)