

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000100852

FILED
Jan 14, 2002 8:00 AM
Secretary of State

Entity Name: DELVAG INSURANCE SERVICES, INC.

Current Principal Place of Business:

7500 NW 25 STREET STE 209
MIAMI, FL 33122

New Principal Place of Business:

801 BRICKELL AVENUE
SUITE 510
MIAMI, FL 33131

Current Mailing Address:

7500 NW 25 STREET STE 209
MIAMI, FL 33122

New Mailing Address:

801 BRICKELL AVENUE
SUITE 510
MIAMI, FL 33131

FEI Number: 65-0883923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLANUEVA, SCOTT
7500 NW 25 STREET STE 209
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

VILLANUEVA, SCOTT
801 BRICKELL AVE.
SUITE 510
MIAMI, FL 33131 US

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: SCOTT VILLANUEVA

01/14/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VILLANUEVA, SCOTT
Address: 7500 NW 25 STREET STE 209
City-St-Zip: MIAMI, FL 33122

Title: VS () Delete
Name: GRIESE, KAY
Address: 7500 NW 25 STREET STE 209
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT VILLANUEVA

P

01/14/2002

Electronic Signature of Signing Officer or Director

Date