

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **S59296**



1. Entity Name
NATIONAL INVESTMENT & INSURANCE CORP.

**FILED
Jan 06, 2003 8:00 am
Secretary of State**

01-06-2003 90002 012 ***150.00

Principal Place of Business
4123 PINE ISLAND RD
FORT LAUDERDALE FL 33351
US

Mailing Address
4123 PINE ISLAND RD
FORT LAUDERDALE FL 33351
US

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0259264	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

**FAIRMAN, CHARLES
4123 PINE ISLAND RD
FORT LAUDERDALE FL 33351**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. /OFFICERS AND DIRECTORS

TITLE **P** Delete
NAME **FAIRMAN, CHARLES**
STREET ADDRESS **1870 N.W. 106TH TERR**
CITY-ST-ZIP **PLANTATION FL 33322**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **FAIRMAN, DIANE H**
STREET ADDRESS **1870 N.W. 106TH TERR**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Fairman*

IDE REQUIRED
SIGNATURE ANALYZED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-03

CSY-572-4144

Date

Daytime Phone #

CR2E034 (10/02)