# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098246

Entity Name: EXCELSIOR INSURANCE SERVICES INC.

#### **Current Principal Place of Business:**

14734 NE 6 AVE MIAMI, FL 33161

## **Current Mailing Address:**

1792 NW 79 STREET MIAMI, FL 33147

# FEI Number: 16-1626981

## Name and Address of Current Registered Agent:

BELLUNE, ELIE E 20462 NW 18 AVE MIAMI, FL 33055 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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

TitlePNameBELLUNE, ELIE EAddress1792 NW 79 STCity-State-Zip:MIAMI FL 33147

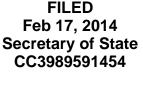
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIE BELLUNE

PRESIDENT

02/17/2014 Date

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date