

2024 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:

14734 NE 6 AVE
MIAMI, FL 33161 US

FEI Number: 16-1626981

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELLUNE, ELIE E
14734 NE 6 AVE
MIAMI, FL 33161 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

_____ Date

Officer/Director Detail :

Title P
Name BELLUNE, ELIE E
Address 14734 NE 6 AVE
City-State-Zip: MIAMI FL 33161

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

01/21/2024

Electronic Signature of Signing Officer/Director Detail

Date