

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90024 043 ***158.75

DOCUMENT # 663376
 1. Entity Name
A.J. HOSEA INSURANCE, INC.

Principal Place of Business: **6710 MAIN ST #237 MIAMI LAKES FL 33014**
 Mailing Address: **6710 MAIN ST #237 MIAMI LAKES FL 33014-0861**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1555 CAIRNRYAN CT.**
 Suite, Apt. #, etc.

3. Mailing Address: **P.O. Box 4861**
 Suite, Apt. #, etc.

City & State: **MIAMI LAKES, FL**
 Zip: **33014** Country: **USA**

City & State: **HIACLEAH, FL**
 Zip: **33014** Country: **USA**

4. FEI Number: **59-1978450** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent: **HOSEA, A.J. 6710 MAIN ST #237 MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent:
 Name: **HOSEA, A.J.**
 Street Address (P.O. Box Number is Not Acceptable): **1555 CAIRNRYAN CT.**
 City: **MIAMI LAKES** FL Zip Code: **33014**

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: _____ (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: PD NAME: HOSEA, A J STREET ADDRESS: 6710 MAIN ST #237 CITY-ST-ZIP: MIAMI LAKES FL	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 1555 CAIRNRYAN CT. CITY-ST-ZIP: MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: HOSEA, CHARLES T STREET ADDRESS: 6710 MAIN ST #237 CITY-ST-ZIP: MIAMI LAKES FL	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 1555 CAIRNRYAN CT. CITY-ST-ZIP: MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTD NAME: HOSEA, ROBERT A. STREET ADDRESS: 6710 MAIN ST #237 CITY-ST-ZIP: MIAMI LAKES FL	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 1555 CAIRNRYAN CT. CITY-ST-ZIP: MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Robert A. Hosea** V. PRES. **7-26-00** **305-824-9994**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

ATTACHMENT
663376
B6104426

A. J. Hosea Insurance
Incorporated
6710 Main Street
Suite 237
Miami Lakes, Florida 33014
Telephone: 824-9994

July 27, 2000

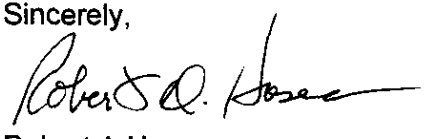
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

I apologize for sending the enclosed 2000 annual report form to you late, as a result of unforeseen circumstances. Our CPA, who completes all of our taxes and reports, suffered a heart attack in April of this year. He has not been able to complete our taxes and reports until last week. In the course of completing them he discovered our annual report had not been completed and filed to you. he immediately forwarded it to me to finalize and send to you.

I hope you will understand that something like this is unforeseen and will not require us to pay the late penalty.

I have enclosed the completed form along with a check for \$158.75.

Sincerely,



Robert A Hosea