2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H82744** 1. Entity Name TORRENS INSURANCE, INC. 03-07-2000 90056 045 ***150.00

FILED Mar 07, 2000 8:00 am Secretary of State

3905 SW 110TH AVE. 3905 SW 110TH AVE.						ſ						
Sizes SM 100H AVE. MANUEL T. 2016 2. Principal Place of Business Suite. Apit. # cle: Sizes, Apit. # cle: City & Sizes City	Principal Plac	ce of Business	Mailing Address									
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Suite, Apt. #, etc. City & State												
City & State City & State Country Country Country Country Country Country Country S. Certificate of Status Dosinard S. R.75 Additional For Repolation For Repolation Signar Address of Current Registered Agent TORRENS, RAUL A 3905 SW 110TH AVE. MAMI FL 33165 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or born, in the State of Florida. SIGNATURE Signar Address of Row Internation Signar Address of Current Registered Agent Address of Current Registered Agent City FL Zip Code The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or born, in the State of Florida. SIGNATURE Signar Accities (PO. Box Number is Not Acceptable) The Corporation is eligible to stately at internation Acceptable is predicted agent, or born, in the State of Florida. Signar Accities in Corporation is eligible to stately at internation Signar Accities (PO. Box Number is Not Acceptable) The Corporation is eligible to stately at internation Acceptable is predicted agent, or born, in the State of Florida. Signar Accities in Corporation is eligible to stately at internation Acceptable to Department of State The Corporation is eligible to stately at internation The Acceptable to Department of State The Acceptable to Department of State The Acceptable to Department of State The Name Acceptable to Departme	2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address) <u> </u>					
Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional residence of Resi	Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
S. Certificate of Scheme and Address of Current Registered Agent TORRENS, RAUL A 3936 SW 110TH AVE. MAMI FL 33165 B. The above named entity submits this statement for the purpose of changing its registered of filter or registered agent, or both, in the State of Florida. SIGNATURE Stream haped a primate remove of ingitized Agent and provided in a post-size. B. The above named entity submits this statement for the purpose of changing its registered of filting or registered agent, or both, in the State of Florida. SIGNATURE Stream haped a primate remove of ingitized Agent and provided in a post-size. B. This opposition is eligible to satisfy at intargible and for the purpose of changing its registered of filting requirement and exists to do so. Mater MAY 1, 2000 Fee will be \$50.00 Make Checker Payable to Department of State (P.O., Box Number is Not Acceptable). The Torrest and back of the purpose of changing its registered depth, or both, in the State of Florida. SIGNATURE STORMAN STATE AGENT A	City & State		City & State	City & State			FEI Number	59-262687	6	: — ——— ————————————————————————————————		
Name	Zip Country		Zip Cour		ntry	5. Certificate of Sta						
TORRENS, RAUL A. 3905 SW 110TH AVE. MAMI FL 33185 City FL Zip Code		6. Name and Address of Current I	.L	7. Name and Address of New Registered Agent								
390.5 SW 110TH AVE. MIAMI FL 33165 City FL Zip Code				<u>-</u> .	Name							1
MiAMI FL 33165					Street Address (P.O. Box Number is Not Acceptable)							ļ
SIGNATURE Signature to the purpose of changing is registered office or registered agent, or both. In the State of Florida. Signature to define a purpose of changing is registered office or registered agent, or both. In the State of Florida. Signature to reduce purpose of waster of registered office or registered agent, or both. In the State of Florida. Signature to reduce purpose of registered of or registered agent, or both. In the State of Florida. Signature to reduce purpose of registeria of set of registeria or resource) DATE												
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Tax filing requirement and elects to do so. (See criteria on back) Comparison		Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	TE Registere	ed Agent signature r	equired when r	reinstating)		DATE			1
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13. Thereby 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 in the country country part is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director				CIT	Y-ST-ZIP		:=					1
	13. I hereby	certify that the information supplied with	this filing does not qualify for	or the exe	emption stated	i in Section	119.07(3)(i),	Florida Statutes.	I further cer	rtify that the i	information r or director	

of the corporation or the receiver or fruster employeed 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 employered.

SIGNATURE: