

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90171 001 \*\*\*150.00

**DOCUMENT # M34063**

1. Entity Name

**BEST MERIDIAN INSURANCE COMPANY**

Principal Place of Business

1320 S. DIXIE HIGHWAY  
 6TH FLOOR  
 CORAL GABLES FL 33146

Mailing Address

1320 S. DIXIE HIGHWAY  
 6TH FLOOR  
 CORAL GABLES FL 33146-2919

**C0008500**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2764247**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNCAN, ROSARIO P., ESQ.**  
 1320 S. DIXIE HWY  
 SIXTH FLOOR  
 CORAL GABLES FL 33146

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.

SIGNATURE

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

(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	DC	<input type="checkbox"/> Delete
NAME	SIERRA, ANTONIO M.	
STREET ADDRESS	9451 JOURNEY'S END ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DUNCAN, ROSARIO P.	
STREET ADDRESS	3070 FREEMAN ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PELLETIERE, LEONARD J.	
STREET ADDRESS	750 BALD EAGLE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILLALOBOS, JOSE A.	
STREET ADDRESS	1645 SW 85TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAFIAN, JOSEPH JR.	
STREET ADDRESS	60 BAY STREET	
CITY-ST-ZIP	STATEN ISLAND NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA-VELEZ, CARLOS	
STREET ADDRESS	9325 SW 98TH ST.	
CITY-ST-ZIP	MIAMI FL	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSH, BRENT	
STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELLETIERE, DOUGLAS J.	
STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLETIERE, LEONARD J.	
STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIERRA, ANTHONY F.	
STREET ADDRESS	Director 1320 S. Dixie Hwy., Sixth Floor	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ-SILVA, HENRY	
STREET ADDRESS	8610 S.W. 83rd Street	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Rosario P. Duncan, Secretary 1/13/00 (305) 668-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)