

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90168 001 ***158.75

DOCUMENT # P93000056064

1. Entity Name

AMERIFIRST INSURANCE GROUP, INC.

Principal Place of Business

9999 SUNSET DRIVE
 STE 201
 MIAMI FL 33126

Mailing Address

8470 SW 83 ST
 MIAMI FL 33143-6661

8278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 PONCE DE LEON BLVD.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 750

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

4. FEI Number

65-0428384

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

33134

Country

DADE

Zip

Country

6. Name and Address of Current Registered Agent

MARTINEZ, PLACIDO L
 8585 SUNSET DR
 STE 120
 MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

MELISSA MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)

4470 SW 83 ST.

City

MIAMI

FL

Zip Code

33143

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

Melissa Martinez

Melissa Martinez

1-20-2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTINEZ, MELISSA	
STREET ADDRESS	8585 SUNSET DR., SUITE 130	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, PLACIDO L	
STREET ADDRESS	8585 SUNSET DR., SUITE 130	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PST MARTINEZ MELISSA	
STREET ADDRESS	2100 PONCE DE LEON BLVD. STE. 750	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 empowerments.

SIGNATURE:

Melissa Martinez **MELISSA MARTINEZ**

Date

1-20-00

Daytime Phone #

305-443-8090

CR2E034 (9/99)