2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 90408 018 ***150.00

DOCUMENT # P94000069567

1. Entity Name
INSURANCE NETWORK CENTER, INC.

Principal Place of Business	Mailing Address
6854 W FLAGLER ST MIAMI FL 33144 US	6854 W FLAGLER ST MIAMI FL 33144 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
N165 NW 77 Ave # 1004		N165 NW 77th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1004	
City & State: Miami Lakes FL		City & State: Miami Lakes, FL	
Zip: 33014	Country: Dade	Zip: 33014	Country: Dade

4. FEI Number 65-0524536 ☐ 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
DE GONGORA, LUIS D 10710 S.W. 38TH ST. MIAMI FL 33165	Name: Luis De Gongora Street Address (P.O. Box Number is Not Acceptable): 426 Madeira Ave City: Coral Gables FL Zip Code: 33134

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GONGORA, LUIS D 6854 W FLAGLER ST MIAMI FL 33144 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Luis De Gongora 426 Madeira Ave Coral Gables, FL 33134 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] 5-11-01 305-362-0052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/11/01

Attachments

B00578 83
#P94000069567

Division of Corporations:
P.O. Box 1500
Tallahassee, FL. 32302-1500

To whom it may Concern:

Due to health Problems I have Been unable ~~to~~ so to my accountant and file the report.
Please I would appreciate your cooperation and understanding in this matter and waive the Penalty.

Sincerely,

Luis de Zegora