

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000019048****1. Entity Name**  
**LATINO I INSURANCE AGENCY, INC.****Principal Place of Business**  
8644 49TH STREET NORTH  
PINELLAS PARK FL 33-6782**Mailing Address**  
8644 49TH STREET NORTH  
PINELLAS PARK FL 33-6782**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**~~LEYVA, NANCY C~~  
8644 49TH STREET NORTH  
PINELLAS PARK FL 36782

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, 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	PD	<input type="checkbox"/> Delete
NAME	LEYVA, NANCY C	
STREET ADDRESS	8644 49TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 34666	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VTD	<input type="checkbox"/> Delete
NAME	LIBOY, REBECA S	
STREET ADDRESS	8644 49TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 34666	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	CABALLERO, LILIANA	
STREET ADDRESS	8644 49TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 34666	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90030 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **59-3429972**

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**~~LEYVA, NANCY C~~  
8644 49TH STREET NORTH  
PINELLAS PARK FL 36782

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Date

Daytime Phone #

CR2E034 (10/00)