

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G51265

1. Entity Name

THE ARIES INSURANCE COMPANY

Principal Place of Business

560 N.W. 165TH ST. RD.  
MIAMI FL 33169-6305

Mailing Address

PO BOX 693760  
MIAMI FL 33269-0760  
US

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

59-2322274

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

THE INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32399

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FRAYND, PAUL	560 N.W. 165TH ST. RD.	NORTH MIAMI FL	<input type="checkbox"/>
VD	FRAYND, GLADYS	560 N.W. 165TH ST. RD.	NORTH MIAMI FL	<input type="checkbox"/>
STD	FRAYND, FANNY	560 N.W. 165TH ST. RD.	NORTH MIAMI FL	<input type="checkbox"/>
CD	FRAYND, MARCOS	560 N.W. 165TH ST. RD.	NORTH MIAMI FL	<input type="checkbox"/>
VD	FRAYND, SAUL	560 N.W. 165TH ST. RD.	NORTH MIAMI FL	<input type="checkbox"/>
D	FRAYND, TAMARA	560 NW 165 STREET RD.	MIAMI FL 33169	<input type="checkbox"/>

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

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

5/1/00

Date

(305)945-9200 x2397

Daytime Phone #

CR2E034 (9/99)