2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90050 023 ***150.00

B0020178

DOCUMENT # P98000039495 ✓

1. Entity Name
CARTAYA INSURANCE APPRAISERS, INC.

Principal Place of Business
10360 SW 137 CT
MIAMI, FLA
33186

Mailing Address
14629 SW 104 ST
PMB 338
MIAMI, FLA
33186

2. Principal Place of Business
10360 SW 137 CT

Suite, Apt. #, etc.

City & State
MIAMI, FLA

Zip
33186

Country
USA

3. Mailing Address
14629 SW 104 ST

Suite, Apt. #, etc.
PMB 338

City & State
MIAMI, FLA

Zip
33186

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0848713

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CARTAYA, JUAN CARLOS
14629 SW 104 ST
PMB 338
MIAMI, FLA 33186

7. Name and Address of New Registered Agent
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 JUAN CARLOS CARTAYA 3-9-01
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	D CARTAYA, JUAN CARLOS 10360 SW 104 ST MIAMI, FLA 33186 ☐ 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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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: JUAN CARLOS CARTAYA 3-9-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)