

FROM :

PHONE NO. :

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91442 004 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000059414**

1. Entity Name

87th AVENUE INSURANCE AGENCY, INC

80113447

2502 SW 87th AVE
MIAMI, FL 331652502 SW 87th AVE
MIAMI, FL 33165

2. Principal Place of Business

2502 SW 87th AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

4. FEI Number
65-1111444Applied For
Not Applied

Zip

33165

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

JULIO COMAS
2502 SW 87th AVE
MIAMI, FL 33165

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 registering agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐January 1 - May 1 Fee is \$122.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May 1
Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DPS	JULIO COMAS	2502 SW 87 th AVE	MIAMI, FL 33165				
DVT	DIANA C COMAS	2502 SW 87 th AVE	MIAMI, FL 33165				

12. 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 on attachment with an address, with all officers and directors.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Signature Page 6

4-29-03