

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000068191

**Entity Name:** DISCOUNT INSURANCE CENTER TWO INC.

**Current Principal Place of Business:**

17038 COLLINS AVENUE  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

17038 COLLINS AVENUE  
SUNNY ISLES, FL 33160 US

**FEI Number:** 65-1025115

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CICARELLI, LEONARDO AMR.  
1530 ZULETA AVE  
CORAL GABLES, FL 33146 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            CICARELLI, LEONARDO A  
Address        1530 ZULETA AVE  
City-State-Zip: CORAL GABLES FL 33146

Title            V.P.  
Name            MUKHIN, VADIM O  
Address        300 SUNNY ISLES BLVD APT 1606  
City-State-Zip: SUNNY ISLES FL 33160

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEONARDO CICARELLI

**PRES**

**02/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date