

**2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P19000064414

**Entity Name:** MIAMI SECURED INSURANCE CORP.

**Current Principal Place of Business:**

12350 SW 132ND CT  
UNIT 104  
MIAMI, FL 33186

**Current Mailing Address:**

12350 SW 132ND CT  
UNIT 104  
MIAMI, FL 33186 US

**FEI Number:** 84-2765157

**Certificate of Status Desired:** No

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

BORDON, MAYTE  
12350 SW 132ND CT  
UNIT 104  
MIAMI, FL 33186 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 P  
Name BORDON, MAYTE  
Address 12350 SW 132ND CT  
UNIT 104  
City-State-Zip: MIAMI FL 33186

Title VP  
Name VILA, MARIA  
Address 12350 SW 132ND CT  
UNIT 104  
City-State-Zip: MIAMI FL 33186

Title MGR  
Name BORDON, BORIS LUIS  
Address 12350 SW 132ND CT  
UNIT 104  
City-State-Zip: MIAMI FL 33186

Title MGR  
Name BORDON, ALBERTO  
Address 12350 SW 132ND CT  
UNIT 104  
City-State-Zip: MIAMI FL 33186

*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:** MAYTE BORDON

**PRESIDENT**

**10/09/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date