## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 31, 2000 8:00 am Secretary of State **DOCUMENT # 283605** 1. Entity Name CONTINENTAL INSURANCE AGENCY INC 03-31-2000 90045 048 \*\*\*150.00 Mailing Address Principal Place of Business 814 PONCE DE LEON BLVD.STE 310 814 PONCE DE LEON BLVD.STE 310 CORAL GABLES FL 33134-3033 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1058273 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent\* Name RODRIGUEZ, JORGE M Street Address (P.O. Box Number is Not Acceptable) 14261 SW 74TH TERR MIAMI FL 33183 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Change Delete TITLE RODRIQUEZ, JORGE M NAME NAME STREET ADDRESS STREET ADDRESS 14261 SW 74TH TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL [] Change Addition TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 🗍 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 rustee 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 laccuses, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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