**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 17, 2002 8:00 am Secretary of State 283605 DOCUMENT # 1. Entity Name CONTINENTAL INSURANCE AGENCY INC 01-17-2002 90027 013 \*\*\*150.00 Principal Place of Business Mailing Address 814 PONCE DE LEON BLVD.STE 310 814 PONCE DE LEON BLVD.STE 310 CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1058273 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, JORGE M Street Address (P.O. Box Number is Not Acceptable) 14261 SW 74TH TERR **MIAMI FL 33183** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition ☐ Delete Change RODRIQUEZ, JORGE M NAME NAME 14261 SW 74TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZII ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET AD CITY-ST-ZIP CITY-S Thereby certify that the information supplied with this filing does not q emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an officer or director uired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if exe

SIGNATURE RE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

indicated on this report or supplemental report is true and accurate an of the corporation or the receiver or trustee empowered to execute this