

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90133 047 ***150.00

DOCUMENT # 428276

1. Entity Name
ASSOCIATED INSURANCE BROKERS, INC.

Principal Place of Business Mailing Address
2500 NW 79 AVE 2500 NW 79 AVE
MIAMI FL 33122 MIAMI FL 33122-1071
US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1468772** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONE, PERRY I
2500 NW 79TH AVE.
MIAMI FL 33122

Name **Linda G. McLoughlin**
 Street Address (P.O. Box Number is Not Acceptable)
2500 NW 79 AVENUE
 City **MIAMI** FL Zip Code **33122**

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 *Jgm* DATE **MARCH 6, 2000**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DT Vice President	NAME TORGAS, ED S.	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT OF MARKETING	NAME ANETTE R. ALVAREZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2500 NW 79 AVE	CITY-ST-ZIP MIAMI FL 33122		STREET ADDRESS 2500 NW 79 AVENUE	CITY-ST-ZIP MIAMI FL 33122	
TITLE DC President	NAME ALVAREZ, JOSE M	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT	NAME GUSTAVO FERNANDEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2500 NW 79 AVE	CITY-ST-ZIP MIAMI FL 33122		STREET ADDRESS 2500 NW 79 AVENUE	CITY-ST-ZIP MIAMI FL 33122	
TITLE SENIOR VICE PRESIDENT	NAME PENA, LAZARA C	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT OF COMMERCIAL LINES	NAME JOSE L. RODRIGUEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2500 NW 79 AVE	CITY-ST-ZIP MIAMI FL 33122		STREET ADDRESS 2500 NW 79 AVENUE	CITY-ST-ZIP MIAMI FL 33122	
TITLE SENIOR VICE PRESIDENT, ASSISTANT SECRETARY	NAME SOTO, JOHN M.	<input type="checkbox"/> Delete	TITLE Secretary	NAME LINDA G. MCLOUGHLIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2500 NW 79 AVE	CITY-ST-ZIP MIAMI FL 33122		STREET ADDRESS 2500 NW 79 AVENUE	CITY-ST-ZIP MIAMI FL 33122	
TITLE VP	NAME FERNANDEZ, SERGIO	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2500 NW 79TH AVE	CITY-ST-ZIP MIAMI FL 33122		STREET ADDRESS	CITY-ST-ZIP	
TITLE V	NAME GONZALEZ, MARLEN VALDES-FAULI, MARLEN	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2500 NW 79 AV	CITY-ST-ZIP MIAMI FL 33122		STREET ADDRESS	CITY-ST-ZIP	

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose M. Alvarez* **Jose M. Alvarez** 03:06-00 305-715-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)