# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 430472

1. Entity Name

AMEDEX INSURANCE COMPANY

FILED

00 AUG 21 PM 4:00

AMENDED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 7001 SW 97TH AVE<br>~~P.O. BOX 531648~~<br>MIAMI FL 33173<br>US | 7001 SW 97TH AVE<br>~~P.O. BOX 5316~~<br>MIAMI FL 33173-1472<br>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 59-1485499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MICHAEL A CARRICARTE<br>7001 SW 97TH AVE<br>MIAMI FL 33173 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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 _____ DATE

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

This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. (See criteria on back) ☐

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 | |
|---|---|---|---|
| | DV<br>CARRICARTE, MICHAEL L<br>7001 SW 97TH AVE<br>MIAMI FL ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CPD<br>CARRICARTE, MICHAEL L.<br>7001 SW 97th Avenue, Miami, FL ☒ Change ☐ Addition |
| | CPD<br>CARRICARTE, MICHAEL A.<br>7001 SW 97TH AVE<br>MIAMI FL ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>CARRICARTE, MICHAEL A.<br>7001 SW 97th Avenue, Miami, FL ☒ Change ☐ Addition |
| | DV<br>KARDONSKI, ANNE L<br>7001 SW 97TH AVE<br>MIAMI FL ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| | DV<br>CARRICARTE, JENNIFER<br>7001 SW 97TH AVE<br>MIAMI FL ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| | DTS<br>KOLBER, CLIFFORD<br>7001 SW 97TH AVENUE<br>MIAMI FL ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TS ☐ Change ☐ Addition |

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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: X _____ Treasurer 8/16/00 305-275-2264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #