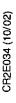
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## 430472 DOCUMENT #



1. Entity Name 01-30-2003 90100 003 \*\*\*150.00 AMEDEX INSURANCE COMPANY Mailing Address Principal Place of Business 7001 SW 97TH AVE 7001 SW 97TH AVE MIAMI FL 33173 MIAM! FL 33173 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 59-1485499 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHAEL A CARRICARTE Street Address (P.O. Box Number is Not Acceptable) 7001 SW 97TH AVE **MIAMI FL 33173** 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ANCISCO LOPEZ TITLE ☐ Delete TITLE ☐ Change Addition CARRICARTE, MICHAEL L NAME NAME 7001 SW 97 Are STREET ADDRESS 7001 SW 97TH AVE STREET ADDRESS M/Am (FC 33173 MIAM! FL CITY-ST-ZIP CITY-ST-ZIP Director Linares
Elaine Linares
7001 Sw 97 Areque Delete TITLE TITLE CARRICARTE, MICHAEL A. NAME NAME 7001 SW 97TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE MIAMI FL CITY-ST-ZIP ☐ Addition DTS TITLE ☐ Delete TITLE KOLBER, CLIFFORD NAME NAME -7001 SW 97TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED Jan 30, 2003 8:00 am Secretary of State



12. 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 10 or Block 11 if changed, or on an attachment

SIGNATURE:

Daytime Phone #