

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 451734

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: ALL-RISK INSURANCE UNDERWRITERS, INC.

Current Principal Place of Business:

2500 NW 79TH AVE.
201
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 520098
MIAMI, FL 33152 US

New Mailing Address:

FEI Number: 59-1682317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, LORETA
1441 W. FLAGLER STREET
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODRIGUEZ, ANDY
Address: P.O. BOX 520098
City-St-Zip: MIAMI, FL 33152 US

Title: ST () Delete
Name: RODRIGUEZ, LORETA
Address: 1441 W FLAGLER ST
City-St-Zip: MIAMI, FL 33135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORETA RODRIGUEZ

ST

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date