

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0250691 AV

DOCUMENT # 482598

1. Entity Name  
KAYSER INSURANCE, INC.



FILED  
03 MAY 15 AM 11:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

Mailing Address  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145



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 59-1667409

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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]*  
Signature, typed or printed name of registered agent and title if applicable.

AMADA CANTERA LOPEZ, President

3/15/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME LOPEZ, CARLOS C  
STREET ADDRESS 2300 CORAL WAY, #200  
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600019182116  
CITY-ST-ZIP 05/16/03--01066--002 \*\*150.00

TITLE S ☐ Delete  
NAME LOPEZ, AMADA C  
STREET ADDRESS 2300 CORAL WAY SUITE #200  
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME WILLIAMS, VIVIAN M  
STREET ADDRESS 2300 CORAL WAY, #200  
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME LOPEZ-IBARGUEN, MARIA D  
STREET ADDRESS 2300 CORAL WAY, #200  
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/03

CR2E034 (10/02)