

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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90309 032 ***150.00

DOCUMENT # 569797

1. Entity Name

Medicare Insurance Service, Inc.



DO NOT WRITE IN THIS SPACE

94056019

2. Principal Place of Business

8181 N.W. 36th St

Suite, Apt. #, etc.

25A

3. Mailing Address

P.O. Box 520603

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, Florida

City & State

MIAMI, Florida

4. FEI Number

59-1820930

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

33152

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE President
NAME Lilia J. Amgalez
STREET ADDRESS 8181 N.W. 36th St. #25A
CITY-ST-ZIP MIAMI, FL 33166

TITLE VP-SEC.
NAME Isis S. Navarro
STREET ADDRESS 8181 N.W. 36th St. #25A
CITY-ST-ZIP MIAMI, FL 33166

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/04

(305) 599-9610

CR2E034B (12/02)