

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90031 037 ***150.00

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

DOCUMENT # 578967 1. Entity Name DEL ROSARIO INSURANCE, INC.					
Principal Place of Business 1255 W. 46TH STREET #23 HIALEAH, FL 33012			Mailing Address 1255 W. 46TH STREET #23 HIALEAH, FL 33012		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1834709	
Zip		Country		☐ CHECK HERE IF MAKING CHANGES Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent				6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
DEL ROSARIO, MARIA T. 263 NW 166 AVE PEMBROKE PINES, FL 33028				7. Name and Address of New Registered Agent	
				Name Maria Del Rosario Street Address (P.O. Box Number is Not Acceptable) 1255 W. 46th St #23 City Hialeah FL Zip Code 33012	
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 (S) Maria Del Rosario DATE 4/29/03 Signature of State Secretary or authorized representative and not applicable (NOTE: Registered Agent's signature required when removing)					
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 NAME STREET ADDRESS CITY-ST-ZIP	P DEL ROSARIO, JOSE A. 7366 W. 4 AVE #10 HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEL ROSARIO, BELLA 7366 W. 4 AVE #10 HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEL ROSARIO, ALEJANDRO A 1255 W. 46TH STREET #23 HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Maria Del Rosario	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition S Maria Del Rosario 1255 W. 46th St #23 Hialeah, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/29/03 305-558-3371 Daytime Phone #		

90130564



CFR2034 (10/02)