2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 622688 1. Entity Name FORTUN INSURANCE AGENCY, INC.				Secretary of State 02-20-2002 90008 035 ***150.00			
Principal Place of Business 365 PALERMO AVENUE CORAL GABLES FL 33134		Mailing Address 365 PALERMO AVENUE CORAL GABLES FL 33134		nancoall.			
Principal Place of Business 3. Mailing Address			-	T (##11/# #11/10 1/10 # 1/10/0 #11/# 10/01 ##11 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# ##11/# 0/01/# 0			
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
*City & State		City & State		4. FEI Number 59-1921	iuku 💳	applied For	
ip Country		Zip	Country	5. Certificate of Status Desir	5. Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent		7. Name and Address of N	ew Registered Agent	N	
365 PALE	HECTOR D. RMO AVENUE BABLES FL 33134	,	Name Street Addres	ss (P.O. Box Number is Not Accep	table)		
\mathcal{O}_{1} \mathcal{O}_{1}			City	FL Zip Code			
Tax filling to	Signature, theed or printed name of registered agent a portation is eligible to satisfy its intangible requirement and elects to do so.	FILE NOW After May 1, 20 Make Check Paya	TE: Registered Agent signature req !!! FEE IS \$150.00 002 Fee will be \$550.0 ble to Department of \$	0 10. Election Campaig Trust Fund Contrit	oution. L. Adde	00 May Be	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I PD FORTUN, HECTOR D. 365 PALERMO AVENUE CORAL GABLES FL	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOF Change	Addition (10/6)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FORTUN, HECTOR D. 365 PALERMO AVENUE CORAL GABLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition 5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition .	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
13. I hereby of indicated of the correctanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee embor or on an attachment with an address.	this filing does not qualify for type and accurate and that wered to execute this repor ith all other like empered	or the exemption stated in my signature shall have the tas required by Chapter to	Section 119.07(3)(i), Florida Statu ne same legal effect as if made un 607, Florida Statutes; and that my	tes. I further certify that the der oath; that I am an office name appears in Block 11 o	information r or director or Block 12 if	

Date

Daytime Phone #