

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737218

1. Entity Name

INDEPENDENT INSURANCE AGENTS OF DADE COUNTY, INC

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90045 042 \*\*\*\*70.00

Principal Place of Business

Mailing Address

8405 N.W. 53 ST C101  
MIAMI FL 33166-1511

8405 N.W. 53 ST C101  
MIAMI FL 33166-4511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0272100

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILAN, SUSANA M  
8405 N.W. 53RD STREET, C-101  
MIAMI FL 33166

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME BECKHAM, WILLIAM E  
STREET ADDRESS 3050 BISCAYNE BLVD., 412  
CITY-ST-ZIP MIAMI FL

TITLE P ☐ Change ☒ Addition  
NAME TAINTOR, James S. III  
STREET ADDRESS 2301 SW 27 Avenue  
CITY-ST-ZIP Miami, FL 33145

TITLE VP ☒ Delete  
NAME TAINTOR, JAMES S III  
STREET ADDRESS 2301 S.W. 27 AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ Change ☒ Addition  
NAME Dorsey-Thomas D.  
STREET ADDRESS 2222 Ponce de Leon Blvd, #400  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ST ☒ Delete  
NAME TAINTOR, JAMES S  
STREET ADDRESS 2301 SW 27 AVE  
CITY-ST-ZIP MIAMI FL

TITLE ST ☐ Change ☒ Addition  
NAME Baer, Richard  
STREET ADDRESS 770 S. Dixie Hwy  
CITY-ST-ZIP Coral Gables, FL 33146

TITLE ST ☒ Delete  
NAME DORSEY, THOMAS D  
STREET ADDRESS 2222 PONCE DE LEON BLVD. STE. 400  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Change ☒ Addition  
NAME Besse, Leighton  
STREET ADDRESS 9500 S. Dadeland Blvd, #200  
CITY-ST-ZIP Miami, FL 33156

TITLE D ☒ Delete  
NAME DORSEY, TOMAS D  
STREET ADDRESS 2222 PONCE DE LEON BLVD SUITE 400  
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ Change ☒ Addition  
NAME Serio, Georgina  
STREET ADDRESS 201 Alhambra Circk, #900  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE EVP ☐ Delete  
NAME MILAN, SUSANA M  
STREET ADDRESS 8405 N.W. 53RD STREET, SUITE C-101  
CITY-ST-ZIP MIAMI FL

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 617, 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

Daytime Phone #

3-3-00 (305) 591-9520

CR2E037 (9/97)