

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90069 028 ***150.00

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1. Entity Name
SPECIALTY INSURANCE UNDERWRITERS, INC.



Principal Place of Business
**C/O JOHN RICCIARDELLI
8300 W FLAGLER ST #250
MIAMI FL 33144**

Mailing Address
**C/O JOHN RICCIARDELLI
8300 W FLAGLER ST #250
MIAMI FL 33144**



2. Principal Place of Business

**7000 ISLAND BOULEVARD
Suite, Apt. #, etc.
#604**

3. Mailing Address

**7000 ISLAND BOULEVARD
Suite, Apt. #, etc.
#604**

☐ CHECK HERE IF MAKING CHANGES

City & State
AVENTURA, FL

City & State
AVENTURA, FL

4. FEI Number **59-2215909**

Applied For
☐ Not Applicable

Zip Country
33160 USA

Zip Country
33160 USA

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

6. Name and Address of Current Registered Agent

**RICCIARDELLI, JOHN
8300 W FLAGLER ST #250
MIAMI, FL
MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **RICCIARDELLI, DEBBIE W.**
Street Address (P.O. Box Number is Not Acceptable)
**7000 ISLAND BOULEVARD
#604**
City **AVENTURA** FL Zip Code **33160**

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

(NOTE: Registered Agent signature required when reinstating)

3/24/03
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

TITLE	D	<input type="checkbox"/> Delete
NAME	RICCIARDELLI, DEBBIE W	
STREET ADDRESS	8300 W FLAGLER ST #250	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	RICCIARDELLI, JOHN	
STREET ADDRESS	8300 W FLAGLER ST #250	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORGES, DENISE	
STREET ADDRESS	8300 W FLAGLER ST #250	
CITY-ST-ZIP	MIRAMAR, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICCIARDELLI, RIKKI	
STREET ADDRESS	8300 W FLAGLER ST #250	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Debbie Ricciardelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03
Date

305692-3749
Daytime Phone #

CR2E034 (10/02)