

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90270 043 ***150.00

DOCUMENT # **000616**

1. Entity Name

I.D.E.A. INSURANCE AGENCY INC.

Principal Place of Business

Mailing Address

7490 WEST FLAGLER ST 7490 W. FLAGLER ST.
MIAMI, FL. 33144 MIAMI, FL. 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2233296

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

ADD83907

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CORREA, JENNY
520 BRICKELL KEY DR.
#A-716
MIAMI, FL. 33131

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

8/30/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **JENNY CORREA, PRES** ☐ Delete
NAME
STREET ADDRESS **520 BRICKELL KEY DR.**
CITY-ST-ZIP **#A-716, MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

- Please resubmit with report -

pg 2
Attachment
D# 800616
A0083907

I.D.E.A. Insurance Agency, Inc.
7490 West Flagler Street
Miami, FL 33144
Tel. (305) 648-7070
Fax. (305) 648-7090

August 20, 2001

Division of Corporations
Business Report Filings
P. O. Box-1500
Tallahassee, FL 32302-1500

Re: FEI #59-2233296

Gentlemen:

After a meeting with my accountant last week, he brought up to my attention the fact that we have not received the annual report form for the 2001 filing.

Enclosed please find our check in the amount of \$150.00. Also please note that my address has changed from 100 Lincoln Road, #1241, Miami Beach, FL 33139 to:
520 Brickell Key Drive, #A-716
Miami, FL 33131

Sincerely,



Jenny Correa
President



Attachment
A0083907

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 27, 2001

I.D.E.A. INSURANCE AGENCY, INC.
7490 WEST FLAGLER ST
MIAMI, FL 33145

SUBJECT: ~~I.D.E.A. INSURANCE AGENCY, INC.~~
Ref. Number: G00616

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 101A00048790

8/30/01

Enclosed please find completed
form as requested
Thank you,

A handwritten signature, likely of the sender, in cursive script.