

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

Amended
DOCUMENT # **G65312**

1. Entity Name
F.M. LAMADRID INSURANCE INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 10 AM 8:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8120 CORAL WAY

3. Mailing Address
8120 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

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MIAMI, FLORIDA

4. FEI Number
59-2336696

Applied For
Not Applicable

Zip **33156** Country **USA**

Zip **33156** Country **USA**

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FRANSISCA M. LAMADRID

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

9601 KENDALE

City **MIAMI** FL Zip Code **33176**

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 *Sandra M. Segura*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
SANDRA M. SEGURA
8120 CORAL WAY
MIAMI, FLORIDA 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
WARGNER F. SEGURA
8120 CORAL WAY
MIAMI, FLORIDA 33156**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra M. Segura*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)