

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

Amended
DOCUMENT #

G65312

F.M. LAMADRID INSURANCE INC.

FILED
SECRETARY OF STATE
DIVISION OF CORP. COMMISSIONS

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	City & State MIAMI, FLORIDA		
Zip 33156	Country USA	Zip 33156	Country USA

11/07/02--01035--012 **78.75

4. FEI Number 59-2336696	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name FRANCISCA M. LAMADRID	
Street Address (P.O. Box Number is Not Acceptable)	
9601 KENDALE	
City MIAMI	Zip Code FL 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 NAME 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)