

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90153 044 ***150.00

DOCUMENT # **G65312**

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



Principal Place of Business
**8120 CORAL WAY
MIAMI FL 33155
US**

Mailing Address
**9601 KENDALE BLVD.
MIAMI FL 33176
US**

2000000



2. Principal Place of Business

3. Mailing Address

540 SE 6th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah, FL

4. FEI Number

59-2336696

Applied For

Not Applicable

Zip

Country

Zip

Country

33010

Dade

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

**LAMADRID, FRANCISCA M.
9601 KENDALE BLVD.
MIAMI FL 33176**

Name

Sandra M. Segura

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

540 SE 6th Street

City

Hialeah

FL

Zip Code

33010

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

Sandra M. Segura

1/22/03

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LAMADRID, FRANCISCA M**
STREET ADDRESS **9601 KENDALE BLVD.**
CITY-ST-ZIP **MIAMI FL**

TITLE **President** ☒ Change ☐ Addition
NAME **Sandra M. Segura**
STREET ADDRESS **540 SE 6th Street**
CITY-ST-ZIP **Hialeah, FL 33010**

TITLE **SD** ☐ Delete
NAME **LAMADRID, VIRGILIO J.**
STREET ADDRESS **9601 KENDALE BLVD.**
CITY-ST-ZIP **MIAMI FL**

TITLE **Vice-President** ☒ Change ☐ Addition
NAME **Wagner F. Segura**
STREET ADDRESS **540 SE 6th Street**
CITY-ST-ZIP **Hialeah, FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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:

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

1/22/03 (305)261-9666
Date Daytime Phone #

CR2E034 (10/02)