

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 582899

582899

1. Entity Name

APPROVE INSURANCE AGENCY, INC.

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90001 046 ***150.00

Principal Place of Business
1390 NW 36 ST
MIAMI, FL 33142

Mailing Address
1390 NW 36 ST
MIAMI, FL 33142

659504

2. Principal Place of Business
1390 NW 36 ST
Suite, Apt. #, etc.

3. Mailing Address
1390 NW 36 ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL
Zip 33142 Country DADE

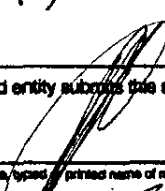
City & State
MIAMI, FL
Zip 33142 Country DADE

4. FEI Number
592437321
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LUIS ANTONIO GONZALEZ
1390 NW 36 ST
MIAMI, FL 33142

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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  LUIS ANTONIO GONZALEZ 4/29/01
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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

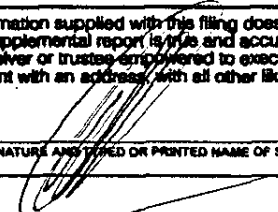
11. OFFICERS AND DIRECTORS

TITLE	PD VST	☐ Delete
NAME	LUIS ANTONIO GONZALEZ	
STREET ADDRESS	11470 SW 28 ST	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 an address with all other like empowered.

SIGNATURE:  LUIS ANTONIO GONZALEZ PD 4/29/01 (305) 634-5569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR20034 (11/00)