

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G91976

1. Entity Name

CUTLER RIDGE INSURANCE, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90003 003 ***150.00

Principal Place of Business

20800 SO DIXIE HWY
MIA FL 33189
US

Mailing Address

20800 SO DIXIE HWY
MIA FL 33189-2218
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2392898

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARKOWITZ, JANET
8624 S.W. 103RD AVENUE
MIAMI FL 33173

Name

CONNIE ALVAREZ

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

1405 S.W. 107 AVE, SUITE 209C

City

MIAMI

FL

Zip Code

33174

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

Connie Alvarez
CONNIE ALVAREZ

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

(NOTE: Registered Agent signature required when reinstating)

3/24/00
DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 P
NAME MARKOWITZ, JANET
STREET ADDRESS 8624 SW 103 AVE
CITY-ST-ZIP MIAMI FL 33173 ☒ Delete

TITLE PRESIDENT/SEC/TRES
NAME CONNIE ALVAREZ
STREET ADDRESS 1405 S.W. 107 AVE, SUITE 209C
CITY-ST-ZIP MIAMI FL 33174 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

Connie Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00 305-220-6092
DATE Daytime Phone #

CR2F034 (9/99)