

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 08:00 AM
Secretary of State

DOCUMENT # J85165

1. Entity Name
AMSTAR INSURANCE COMPANY

Principal Place of Business
3401 NW 82ND AVE.
STE. 100
MIAMI FL 33122

Mailing Address
3401 NW 82ND AVE.
STE. 100
MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-0156603

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL

TALLAHASSEE FL 32301 US

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 _____ DATE **04/20/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DEVEGA PRIMITIVO	
STREET ADDRESS	CLAUDIO COELLO, 123	
CITY-ST-ZIP	28006 MADRID, SPAIN 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERRASSA JUAN A	
STREET ADDRESS	3561 SW 142 AVE.	
CITY-ST-ZIP	MIRAMAR FL 33326	
TITLE	V	<input type="checkbox"/> Delete
NAME	YAU MICHAEL W.	
STREET ADDRESS	7200 SW 131 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	V	<input type="checkbox"/> Delete
NAME	NAON ALBERTO	
STREET ADDRESS	12471 SW 21 LANE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FERNANDEZ-SILVA JORGE	
STREET ADDRESS	8041 SW 54 COURT	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE ZARRAGA GASTON S	
STREET ADDRESS	8202 LOS PINOS CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33143	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jorge Fernandez-Silva

P

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)