2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

J85165

1. Entity Name

AMSTAR INSURANCE COMPANY



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90156 050 ***150.00

						900 W	E 1200						
Principal Place of Business 3401 NW 82ND AVE.			Mailing Address										
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			STE. 100 MIAMI FL 33122					1 1881118 GIBL 18181 FILE I II	18 anns ann 6111 6141		81814 81	Die 01811 1981	
MIAMI FL 33122				MIMMI FL 33122									
Principal Place of Business 3. Mailing Address													
6101 BLUE LAGOON DRIVE				6101 BLUE LAGOON DRIVE				(125110 61211615) 6112111					
Suite, Apt. #, etc.				Suite, Apt. #, etc.									
200				200				☐ CHECK HERE IF MAKING CHANGES					
<u> </u>				<u> </u>				A EDING L			I A w	olied For	
City & State MIAMI, FL				City & State MIAMI, - FL				4. FEI Number 65-01566	03	⊢	-	Applicable	
<u></u>			Zip Country							_			
Zip Country USA			33126			USA		5. Certificate of Status Desire	ed 💢	\$8.75 Fee Re			
				<u> </u>				7 None and Address of No			quirec	<u> </u>	
6. Name and Address of Current Registered Agent						Name		7. Name and Address of Ne	w Registere	a Agent		·	
INOLIDANOE COMMISSIONED				1			•						
INSURÂNCE COMMISSIONER							Street Address (P.O. Box Number is Not Acceptable)						
THE CAPITOL							· .						
TALLAHA!	SSEE FL 32	301		Γ								·	
										1 7in	Code		
•						City			F	L Zip	Code	1	
8. The above	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												
	tions of registe						J						
		•											
SIGNATURE .	Cinneture to and	or printed name of registered agent an	of time if and	(NOTI	. Do mintono				DATE			{	
	Signature, typed	or printed haine or registered agent an	и тар	micable. (NOT	:: negistere	a Agent signati	ure required wit	nen reinstating)		· 			
F	ILE NOW!!	! FEE IS \$150.00		9. Efection Campaign	- Cinoppine		·						
After May 1, 2003 Fee will be \$550.00								Trust Fund Contrib	•			May Be to Fees	
Make Checi	k Payable to	Florida Department of	State		Indact and Contino	allon.		idaca	10 1 003				
10.	,	OFFICERS AND D	DIRECTO	PRS	11.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIREC	TORS	IN 11	
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NAME	DE ZARRA	IGA, GASTON S			NAM	E				~		-	
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NAME	HUERTAS,				NAM	_							
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NAME	TAMAYO, .				NAM	Ε	[
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NAME	MATA, FEF	RNANDO		77	NAM			N, JOSE V			-	7	
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STREET ADDRESS						ET ADDRESS		RRO, JORGE J	#200				
i	, 00=0,0 11 01 = 11=						6101 BLUE LAGOON DR. #200 MIAMI, FL. 33126				{		
CITY-ST-ZIP	MIAMI FL 3	N 143			CHY.	-ST-ZIP	ri.Ari.	1, FL. JJ120					

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 emps wered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #