

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-30-2003 90132 046 ***150.00

DOCUMENT # J85204



1. Entity Name
MAPFRE INSURANCE COMPANY OF FLORIDA

Principal Place of Business
901 PONCE DE LEON BLVD
SUITE 600
CORAL GABLES, FL 33134 US

Mailing Address
901 PONCE DE LEON BLVD
SUITE 600
CORAL GABLES, FL 33134 US

11029555



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
6101 BLUE LAGOON DRIVE
Suite, Apt. #, etc.
200

3. Mailing Address
6101 BLUE LAGOON DRIVE
Suite, Apt. #, etc.
200

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
65-0131982

Applied For
 Not Applicable

Zip 33126 Country USA Zip 33126 Country USA

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

6. Name and Address of Current Registered Agent
NOT REQUIRED PURSUANT TO SECTION 607.034 (2) FLORIDA STATUTES, FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.)

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 NAME STREET ADDRESS CITY-ST-ZIP	SV FENTON, MARIA D C. 901 PONCE DE LEON #600 CORAL GABLES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FERNANDEZ-SILVA, JORGE 8041 SW 54TH CT MIAMI FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETCOFF, JAMES G 901 PONCE DE LEON #600 CORAL GABLES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUERTAS, ANTONIO CONDO. CONDADO PRINCESS #301 SAN JUAN PR 00907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NAVARRO, JORGE J. 901 PONCE DE LEON #600 CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV. NAVARRO, JORGE J. 6101 BLUE LAGOON DR. #200 MIAMI FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETCOFF, B MATTHEW 901 PONCE DE LEON #600 CORAL GABLES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV TAMAYO, JAIME A 310 REDWOOD LANE KEY BISCAYNE FL 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYT, GORDON J 901 PONCE DE LEON #600 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAGAN, JOSE V EDF. MAPFRE, AVE CHARDON #7 HATO REY PR 00918 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ZARRAGA, GASTON SR 8202 LOS PINOS CIRCLE CORAL GABLES FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CFR2E034 (10/02)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____