## 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATUR

## Mar 27, 2002 8:00 am § Secretary of State J85360 DOCUMENT # 1. Entity Name STAR CASUALTY INSURANCE COMPANY Mailing Address Principal Place of Business 3750 WEST FLAGLER ST. 3750 WEST FLAGLER ST. MIAMI FL 33134-1602 MIAMI FL 33134-1602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0071432 Not Applicable \$8.75 Additional Zip Zip Country Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32301 Zip Code City FL 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. ŞIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change ☐ Addition TITLE ESTRELLA, NECOLAS **ESTRELLA, NICOLAS** NAME NAME 3750 W FLAGLER ST. 3750 W. FLAGLER ST. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP MEAME F.E. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NICOLAS, ESTRELLA NAME NAME 3750 W FLAGLER ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL. ☐ Change ☐ Addition ☐ Delete TITLE TITLE HERNANDEZ, LIDIA NAME NAME 3750 W FLAGLER ST. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete ZAJAC, ALEJANDRO R. NAME NAME 3750 W. FLAGLER ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP 5 D Change ☐ Addition ☐ Delete TITLE TITLE ESTREULA, RICHARD ESTRELLA, RICHARD NAME 3750 W FLAGLER ST. 3750 W FLAGLER ST STREET ADDRESS STREET ADDRESS MUAMI, FL. MIAMI FL CITY-ST-ZIP CITY-ST-ZIP D ESTABLLA, JOSEFINA 3750 W FLAGLER ST Change ▼ Addition TITLE TITLE ☐ Delete REMUNDO, MARIA NAME NAME 3750 W FLAGLER STREET STREET ADDRESS STREET ADDRESS MUAMI, FL. MIAMI FL CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of this tee 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.