

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # J88717**1. Entity Name
MAPFRE CORPORATION OF FLORIDA, INC.

Principal Place of Business

3401 N. W. 82ND AVENUE
SUITE 100
MIAMI FL 33122

Mailing Address

3401 N. W. 82ND AVENUE
SUITE 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

58-1758351

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

FERNANDEZ-SILVA, JORGE
3401 N. W. 82ND AVENUE
SUITE 100
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

FERNANDEZ-SILVA JORGE

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

3401 N. W. 82ND AVENUE

SUITE 100

City

MIAMI

FL

Zip Code
33122

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 **JORGE FERNANDEZ-SILVA****04/20/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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, 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	DS	<input type="checkbox"/> Delete
NAME	FREYRE PEDRO A	
STREET ADDRESS	8541 SW 72 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FREYRE ERNESTO	
STREET ADDRESS	8840 SW 97TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	FERNANDEZ-SILVA JORGE	
STREET ADDRESS	8041 SW 54TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUGRANYES DOMINGO	
STREET ADDRESS	PASEO DE RECOLETOS 25	
CITY-ST-ZIP	MADRID, SPAIN	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILOMENO MIRA	
STREET ADDRESS	9040 SW 78 CT.	
CITY-ST-ZIP	MADRID, SPAIN	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMADA ALVARO	
STREET ADDRESS	PASEO DE RECOLETOS 25	
CITY-ST-ZIP	MADRID, SPAIN	

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: **Pedro A. Freyre**

S

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)