

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90321 033 ***150.00

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
6101 BLUE LAGOON DRIVE

3. Mailing Address
6101 BLUE LAGOON DRIVE

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip Country
33126 USA

Zip Country
33126 USA

4. FEI Number **58-1758351**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TAMAYO, JAIME EXC VP
3401 N. W. 82ND AVENUE
SUITE 100
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6101 BLUE LAGOON DRIVE, SUITE #200

City **MIAMI**

FL Zip Code **33126**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUERTAS, ANTONIO CONDO. CONDADO PRINCESS #301 SAN JUAN PR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV TAMAYO, JAIME 310 REDWOOD LANE KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATA, FERNANDO NO. 2 CANDIDA STREET SAN JUAN PR	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ZARRAGA, GASTON S 8202 LOS PINOS CIRCLE CORAL GABLES FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FREYRE, PEDRO A 8541 SW 72 TERR MIAMI FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV NAVARRO, JORGE J. 6101 BLUE LAGOON DR. #200 MIAMI, FL. 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 power like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)