

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # K14482**1. Entity Name
MAPFRE INSURANCE COMPANY OF AMERICA, INC.

Principal Place of Business

3401 NW 82 AVE
SUITE 100
MIAMI FL 33122

Mailing Address

3401 NW 82 AVE
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

58-1878046

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

INSURANCE COMMISSIONER
THE CAPITOL BUILDING

TALLAHASSEE

US

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.

SIGNATURE _____ **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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME FERNANDEZ SILVA JORGE
STREET ADDRESS 8041 SW 54TH CT
CITY-ST-ZIP MIAMI FLTITLE DP ☒ Change ☐ Addition
NAME FERNANDEZ-SILVA JORGE
STREET ADDRESS 8041 SW 54TH CT
CITY-ST-ZIP MIAMI FLTITLE V ☐ Delete
NAME NAON ALBERTO
STREET ADDRESS 12471 SW 21 LANE
CITY-ST-ZIP MIAMI FL 33175TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DVT ☐ Delete
NAME FREYRE, ERNESTO JR
STREET ADDRESS 9040 SW 78 CT
CITY-ST-ZIP MIAMI FLTITLE DVT ☒ Change ☐ Addition
NAME FREYRE, JR. ERNESTO
STREET ADDRESS 9040 SW 78 CT
CITY-ST-ZIP MIAMI FLTITLE D ☐ Delete
NAME DE ZARRAGA G SR
STREET ADDRESS 8202 LOS PINOS CIR
CITY-ST-ZIP CORAL GABLES FL 33143TITLE D ☒ Change ☐ Addition
NAME DE ZARRAGA G. SR
STREET ADDRESS 8202 LOS PINOS CIR
CITY-ST-ZIP CORAL GABLES FL 33143TITLE DEVS ☐ Delete
NAME FREYRE PEDRO A
STREET ADDRESS 8541 SW 72 TERR
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME TERRASSA JUAN A.
STREET ADDRESS ESQUINA CESAR GONZALEZ, EDI #7
CITY-ST-ZIP HATO REY PRTITLE D ☒ Change ☐ Addition
NAME TERRASSA JUAN A
STREET ADDRESS ESQUINA CESAR GONZALEZ, EDI #7
CITY-ST-ZIP HATO REY PR

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: Jorge Fernandez-Silva

P

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)