

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K17558**

1. Entity Name

**ASSURANCE UNDERWRITERS, INC.****FILED****May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90153 038 \*\*\*150.00

Principal Place of Business

Mailing Address

**175 FOUNTAINBLEAU BLVD  
SUITE 2G1  
MIAMI FL 33184  
US****P. O. BOX 650190  
SUITE 400  
MIAMI FL 33265  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0036403**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUNON, LUIS J  
15210 SW 154TH TERR  
MIAMI FL 33187**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **TUNON, LUIS J**  
CITY-ST-ZIP **175 FOUNTAINBLEAU BLVD, SUITE 2G1**  
**MIAMI FL 33172**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **TUNON, AYMARA**  
CITY-ST-ZIP **175 FONTAINBLEAU BLVD, SUITE 2G1**  
**MIAMI FL 33172**TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

(305) 226-5833

Daytime Phone #

CR2E034 (10/00)