

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K32229

1. Entity Name

NEIGHBORS INSURANCE UNDERWRITERS, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90150 010 ***150.00

Principal Place of Business

16505 NW 27TH AVE
16505 NW 27TH AVE
OPA LOCKA FL 33054
US

Mailing Address

% JESUS D.H. MAURA
1221 BIARRITZ DR
MIAMI FL 33141-3633
US

2. Principal Place of Business

19930 NW 2nd AVE

3. Mailing Address

199 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fla

City & State

Zip

Country

4. FEI Number

65-0081960

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAURA, JESUS D.H.
16505 NW 27TH AVE.
MIAMI FL 33162

7. Name and Address of New Registered Agent

Name

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

19930 NW 2nd Ave

City

Miami FL 33169

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, 2000 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 PSVT
NAME MAURA, JESUS JR.
STREET ADDRESS 16505 N.W. 27 AVE.
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

19930 NW 2nd Ave
Miami, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Date

Daytime Phone #

4-18-2000 300-624-0000

CR2E034 (9/99)