

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K58682

1. Entity Name

INSURANCE RESOURCES OF THE AMERICAS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90024 032 ***150.00

Principal Place of Business 2699 COLLINS AVENUE 117 MIAMI BEACH FL 33140 US	Mailing Address 2699 COLLINS AVENUE 117 MIAMI BEACH FL 33140-4717 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0094954	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELENZ, EDUARDO E SR.
2699 COLLINS AVE SUITE 117
STE. 702
MIAMI BEACH FL 33140

Name EDUARDO E. MELENZ, SR.
Street Address (P.O. Box Number is Not Acceptable) 2699 COLLINS AVE, SUITE 117
City MIAMI BEACH
State FL
Zip Code 33140

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELENZ, EDUARDO E SR. 2699 COLLINS AVENUE, STE 117 MIAMI FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MELENZ, DAYRA C 2699 COLLINS AVENUE, STE 117 MIAMI FL 33140	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

4/15/00 305 673 9896

CR2E034 (9/99)