

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90173 032 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # K58682			
1. Entity Name INSURANCE RESOURCES OF THE AMERICAS, INC.			
Principal Place of Business 2699 COLLINS AVENUE 117 MIAMI BEACH FL 33140 US		Mailing Address 2699 COLLINS AVENUE 117 MIAMI BEACH FL 33140 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MENDEZ, EDUARDO E SR. 2699 COLLINS AVE SUITE 117 MIAMI BEACH FL 33140		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MENDEZ, EDUARDO E SR. 2699 COLLINS AVENUE, STE 117 MIAMI FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MENDEZ, DAYRA C 2699 COLLINS AVENUE, STE 117 MIAMI FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 which I am otherwise empowered.			
SIGNATURE: _____		SIGNATURE REQUIRED _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date 4/23/02 Daytime Phone # 4/25/02	

CR2E034 (9/01)