

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K60547

1. Entity Name

INSURANCE AGENTS ASSOCIATED CORP.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90116 022 \*\*\*150.00

Principal Place of Business

8100 GENEVA COURT  
 SUITE 432  
 MIAMI FL 33166  
 US

Mailing Address

P.O. BOX 526803  
 MIAMI FL 33152-6803  
 US

2. Principal Place of Business

5975 SW. 137 AVE.

3. Mailing Address

P.O. BOX 526803

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 204

City & State  
 MIAMI, FL.

City & State  
 MIAMI, FL.

Zip  
 33183

Country  
 U.S.

Zip  
 33152-6803

Country  
 U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0096444

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

AGUILAR, J. ERNESTO  
 8100 GENEVA COURT  
 SUITE 432  
 MIAMI FL 33166

Name  
 J. ERNESTO AGUILAR

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

5975 S.W. 137 AVE. SUITE 204

City  
 MIAMI

FL

Zip Code

33183

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 J. ERNESTO AGUILAR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/00

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  
 PSTD  
 AGUILAR, J E  
 8100 GENEVA CT, SUITE 432  
 MIAMI FL 33166 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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 CITY-ST-ZIP  
☐ 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

J. ERNESTO AGUILAR

Date

Daytime Phone #

4/30/00 (305) 752-0305

CR2E034 (9/99)