UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91204 038 ***150.00

DOCUMENT # K78750

1. Entity Name
INTERAMERICAN INSURANCE BROKERS, INC.

Principal Place of Business	Mailing Address
5300 NW 33 AVE STE 119 FORT LAUDERDALE, FL 33309	5300 NW 33 AVE STE 119 FORT LAUDERDALE, FL 33309

[redacted]

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **85-0115518** ☐ 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
MIR, HECTOR J. 2655 LE JEUNE RD. STE. 1107 CORAL GABLES, FL 33134	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DVS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VICENTINI, LUIS JOSE		NAME	
STREET ADDRESS	2003 BAY DR		STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 33062		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VICENTINI, LUIS E.		NAME	
STREET ADDRESS	CALLE 3B LA URBINA EDIF.		STREET ADDRESS	
CITY-ST-ZIP	CARACAS 1070-A VENZU,		CITY-ST-ZIP	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ARISMENDI, JUAN B		NAME	
STREET ADDRESS	C11.3B LA URBINA EDIF		STREET ADDRESS	
CITY-ST-ZIP	CARACAS 1070-A VENZU,		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Luis Jose Vicentini 04-17-03 (954)677-078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #