

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K92186**

1. Entity Name
IBARRA INSURANCE, INC.

Principal Place of Business

**7416 S DIXIE HWY
W. PALM BEACH FL 33405**

Mailing Address

**7416 S DIXIE HWY
W. PALM BEACH FL 33405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0122973

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

**IBARRA, NILA
7416 S DIXIE HWY
W. PALM BEACH FL 33405**

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
**PD
IBARRA, NILA
9698 VIXEN CIR
BOYNTON BEACH FL**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
IBARRA, MARTIN
1608 HIGH RIDGE RD
LAKE WORTH FL 33461**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BENT, NILA
1608 HIGH RIDGE RD
LAKE WORTH FL 33461**

☐ Delete

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

TITLE
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TITLE
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-2001

(561) 586-2468

Date

Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90054 031 ***150.00

A0085536



DO NOT WRITE IN THIS SPACE

0071911 AV

CR2E034 (5/01)



**IBARRA
INSURANCE, INC.**

Attachment A008536
#192186

7416 South Dixie Highway
West Palm Beach, FL 33405
Tel. (407) 586-2468
Fax (407) 547-8570

SEPT. 6, 2001

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302

GENTLEMEN:

I WILL LIKE YOU TO GIVE ME AN OPPORTUNITY, BECAUSE I DON'T HAVE THAT MONEY NOW. I AM NOT EVEN PAYING MYSELF, BY THE 19 OF THIS MONTH I WILL BE 71 YEARS OLD.

I DIDN'T RECEIVE 2001 UNIFORM BUSINESS REPORT. I UNDERSTAND THAT BY NOT RECEIVING IT, IT EXCUSES ME OF NOT PAYING THAT MONEY, BUT I AM ASKING NOW FOR SOME HELP, SINCE THIS TYPE OF BUSINESS IS VERY LOW.

I AM ENCLOSING A CHECK FOR \$150.00 AND I REPEAT ASKING FOR HELP BECAUSE I DON'T HAVE NOW \$550.00.

EXPECTING THAT THE HELP I AM ASKING HERE IT WILL BE TAKEN IN CONSIDERATION.

RESPECTFULLY,

Nilá Ibarra
NILA IBARRA

CHECK 2834 ENCLOSED