

2002 UNIFORM BUSINESS REPORT (UBR)

0007486

DOCUMENT # 101000002315

1. Entity Name
INTERCONTINENTAL REINSURANCE UNDERWRITING COMPANY
AND BROKERS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 19 PM 12:59

12/26

Principal Place of Business
7801 LOS PINOS BLVD
CORAL GABLES FL 33143-6451

Mailing Address
7801 LOS PINOS BLVD
CORAL GABLES FL 33143-6451

700003600327
12/19/02--01065--002 **155.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
REINSTATEMENT

City & State
2002

4. FEI Number

Applied For
☒ Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAKE, HELENMARIE
2805 FREEMAN STREET
MIAMI FL 33131

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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

REINSTATEMENT
\$150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☒ Delete
NAME BLAKE, JOHN H
STREET ADDRESS 7801 LOS PINOS BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE PRESIDENT ☒ Change ☐ Addition
NAME BLAKE, JOHN H.
STREET ADDRESS 2600 DOUGLAS ROAD, SUITE 1008
CITY-ST-ZIP CORAL GABLES, FL

TITLE D ☒ Delete
NAME ULLOA, CARLOS
STREET ADDRESS 7801 LOS PINOS BLVD
CITY-ST-ZIP CORAL GABLES FL

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

TITLE D ☒ Delete
NAME ULLOA, JULIO
STREET ADDRESS 7801 LOS PINOS BLVD
CITY-ST-ZIP CORAL GABLES FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME **REINSTATEMENT**
STREET ADDRESS 2002
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8.1.02 (305) 443-4100

Date Daytime Phone #

CR2E083 (4/02)