

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90933 013 ***158.75

0229163

DOCUMENT # L44194
 1. Entity Name
36TH STREET INSURANCE AGENCY, INCORPORATED

Principal Place of Business Mailing Address
3625 NW 36 STREET **3625 NW 36 STREET**
MIAMI FL 33142 **MIAMI FL 33142**



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 **65-0199657** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LANN, LEON
8573 SW 144 COURT
MIAMI FL 33183

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

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANN, LEON A. 8573 S W 144TH COURT MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARIA-LUISA PENNA 20020 E OAK MONT CIR MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANN, DAVID K 3140 MAPLE LN. DAVE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Address Change (NAME CHANGE)</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARIA-LUISA ODEN 18860 N.W. 57 AVE. # 207 MIAMI, FL 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **MARIA-LUISA ODEN** 3/26/02 Date
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (P)

CR2E034 (9/01)

205-635-1911

ATTACH DOC# 144194 / 618538

Florida DRIVER LICENSE CLASS 8

The Sunshine State

LICENSE NUMBER
0350-552-68-514-0

MARIA LUISA ODEN
4855 NW 189TH STREET #444
MIAMI, FL 33055-0000

BIRTH DATE	SEX	HGT.	REST.	ENDORSE
01-14-68	F	5-08		
ISSUED	EXPIRES	DUPLICATE		
11-18-88	01-14-05	01-28-02		

SAFE DRIVER

SD10201280068
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Name Change
DUE TO MARRIAGE
SEE COPY OF
CERTIFICATE

ATTACH DOC# 244194 / 1018538

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

STATE OF FLORIDA, COUNTY (STATE FID NUMBER)

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE OR ON PUBLIC RECORD IN THIS OFFICE. WITNESSED BY HAND AND OFFICIAL SEAL

THIS DAY OF JAN 03 2002
 HARVEY RUVIN, CLERK OF CIRCUIT COURT



BY Dora Caracache

2001-027990

BK/PG: 406/4184

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) ANTHONY LEE ODEN			2. DATE OF BIRTH (Month, Day, Year) MAR 14, 1963		
3a. RESIDENCE - CITY, TOWN OR LOCATION MIAMI		3b. COUNTY DADE		3c. STATE FLORIDA	
5a. BRIDE'S NAME (First, Middle, Last) MARIA LUISA NMN PENA			5b. MAIDEN SURNAME (if different) ORDONEZ		6. DATE OF BIRTH (Month, Day, Year) JAN 14, 1968
7a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI		7b. COUNTY DADE		7c. STATE FLORIDA	
8. BIRTHPLACE (State or Foreign Country) MEXICO					

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Anthony Lee Oden</i>			10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) DEC 11, 2001		
11. TITLE OF OFFICIAL DEPUTY CLERK			12. SIGNATURE OF OFFICIAL (Use black ink) <i>Jacqueline Taylor</i>		
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Maria Luisa Nmn Pena</i>			14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) DEC 11, 2001		
15. TITLE OF OFFICIAL DEPUTY CLERK			18. SIGNATURE OF OFFICIAL (Use black ink) <i>Jacqueline Taylor</i>		

SEAL

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

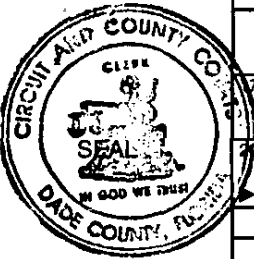
17. COUNTY ISSUING LICENSE MIAMI-DADE		18. DATE LICENSE ISSUED DEC 11, 2001		18a. DATE LICENSE EFFECTIVE DEC 14, 2001		19. EXPIRATION DATE FEB 08, 2002	
20a. SIGNATURE OF COURT CLERK OR JUDGE HARVEY RUVIN, CLERK			20b. TITLE <i>Jacqueline Taylor</i>		20c. BY D.C. <i>JR</i>		

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 12/31/01		22. CITY, TOWN, OR LOCATION OF MARRIAGE North Miami					
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Carmen Luciano</i>			23c. ADDRESS (Of person performing ceremony) 880 ne 123 st				
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Carmen L. Luciano Commission # CC 954863 Expires July 13, 2004 Bonded Thru Atlantic Bonding Co., Inc.			24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		

SEAL



NOT TO BE USED FOR USE BY VITAL STATISTICS OFFICE UNLESS INDICATED						
GROOM	26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER PREVIOUSLY MARRIED?	29a. NO. OF THIS MARRIAGE	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
	424-84-8362	BLACK	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	02	DIVORCE	MAY 20, 1992
BRIDE	30. SOCIAL SECURITY NUMBER	31. RACE	32. WERE YOU EVER PREVIOUSLY MARRIED?	33a. NO. OF THIS MARRIAGE	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
	457-73-8671	OTHER	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	03	DIVORCE	NOV 02, 1992