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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

UNE WAY AUTO INSURANCE	i, INC.
Principal Place of Business	Mailing Address
2809 BIRD AVENU 8	PO BOX 330759 MIAMI FL 33323-0759
COCONUT GROVE FL 33123 US	US .
2 Principal Place of Business	. 2a Mailinn Address

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90058 024 ***150.00



2809 BIRD AVE	:NU	PO BOX 330759						
COCONIIT CDC	MIAMI FL 33323-0759 GROVE FL 33123 US			DO NOT WRITE IN THIS SPACE				
US	JAC LE 20150	<i>a</i> s			3. Date Incorporated or Qualifed			
00	,				08/08/1990			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Appli	ied For	
21		26			65-0221192	Not /	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Add	· -	
22		27			5. Certifcate of Status Desired	Fee Requ		
City & Stat	·	City & State		•	-6Election Campaign Financing	\$5.00-м	ay Be	
23		28			Trust Fund Contribution	Added to I	Fees	
Zip	Country	Zip	Country	У.	8. This corporation owes the current year	Intangible		
24	25 29 30			Personal Property Tax. ☐ Yes ☐ No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
-	Secretary of miles		81	Name		•		
MAR	ITIN, ALFREDO, JR.	/	-					
	BIRD AVE		. 82		ess (P.O. Box Number is Not Acceptable)	ga wa da wasan ngaya		
COC	CONUT GROVE FL 33133		83					
٠.	\wedge /		84	City		85 Zip Co	dé	
11 Pursuant	to the provisions of Sections 507 0502	and 607 1508. Florida Statute	s the abov	e-named como	oration submits this statement for the purpose	of changing its re	nistered	
office or r	egistered agent, o both in the State of	f Florida. Such change was au	thorized by	the corporation	n's board of directors. I hereby accept the app	ointment as regis	stered	
CCC agent: I a	mifamiliar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statutes	6.	1-19-99			
SIGNATURE					• •			
	Signature, typed or printel hame dire istered agent			nt signature required	when reinstating) , / DATE			
12.	· Ypffiders And		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PSD	☐ DELETE	1.1 TITLE		Armen Company	· Change	■ Addition :	
NAME	Martin, Alfredo, Jr. 🔪 🕖		1.2 NAME			·	j	
STREET ADDRESS	2625 SW 80 AVE		1.3 STREE	T ADDRESS	•	•		
CITY-ST-ZIP	MIAMI FL		1.4 CITY+ S	ST-ZIP			Ì	
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAME				J	
STREET ADDRESS	<u>.</u> .			T ADDRESS				
	n na na							
CITY-ST-ZIP	, , , ,	☐ DELETE	2.4 CTY-5	S1-ZIP			Addition	
TITLE	THE ROBERT OF THE	☐ Dereic	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change		
NAME					·	Change	☐ Additions	
			3.2 NAME			Change	Acquion	
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STREET ADDRESS CITY-ST-ZIP			3.2 NAME	1		Change	Addition	
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CITY-ST-ZIP		☐ DELETE	3.2 NAME 3.3 STREE 3.4. City-5	ST-ZIP		r <mark>i</mark> North Assessment Calle State (1984)		
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CITY-ST-ZIP TITLE NAME (1990) AV- STREET ADDRESS	San Carlos	☐ DELETE	3.2 NAME 3.3 STREE 3.4. City-S 4.1 TITLE 4. 2 NAME 4.3 STREE	ST-ZIP	A CONTRACTOR OF THE PARTY OF TH	r <mark>i</mark> North Assessment Calle State (1984)		
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I hereby certify that the information supplied with the indicated on this annual report or supplemental annu officer or director of the corporation or the receive of Block 12 or Block 13 if changed, or on an attachmen loes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE