

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90180 025 ***150.00

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DOCUMENT # L92846

1. Entity Name
FIRST SECURITY INSURANCE UNDERWRITERS, INC.



Principal Place of Business
**2500 NW 79 AVE
MIAMI FL 33122
US**

Mailing Address
**2500 NW 79 AVE
MIAMI FL 33122
US**



2. Principal Place of Business
8300 W. FLAGLER ST.

3. Mailing Address
8300 W. FLAGLER ST.

Suite, Apt. #, etc.
250

Suite, Apt. #, etc.
250

City & State
MIAMI FL

City & State
MIAMI FL

Zip Country
33144 USA

Zip Country
33144 USA

4. FEI Number
65-0216083

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALVAREZ, ANETTE R
2500 NW 79TH AVE
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**8300 W. FLAGLER ST.
SUITE 250**

City
MIAMI

FL

Zip Code
33144

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

4/21/03

**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

TITLE **VM** ☐ Delete
NAME **ALVAREZ, ANETTE R**
STREET ADDRESS **2500 NW 79TH AVE.**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **DCP** ☐ Delete
NAME **ALVAREZ, JOSE M**
STREET ADDRESS **2500 NW 79 AVE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **DASV** ☐ Delete
NAME **SOTO, JOHN M**
STREET ADDRESS **2500 NW 79 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **8300 W. FLAGLER ST., SUITE 250**
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **8300 W. FLAGLER ST.**
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **8300 W. FLAGLER ST., SUITE 250**
CITY-ST-ZIP **MIAMI, FL 33144**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/03

CR2E034 (10/02)