

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90056 012 ***158.75

DOCUMENT # M05639

1. Entity Name
OROZCO INSURANCE, INC.

Principal Place of Business

Mailing Address

**8754 SW 8TH ST
 MIAMI FL 33174
 US**

**8754 SW 8TH ST
 MIAMI FL 33174
 US**

2. Principal Place of Business

3. Mailing Address

8917 SW 12 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

59-2457608

Applied For

Not Applicable

Zip

Country

33174

US

Zip

Country

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

**OROZCO, ALFONSO A., SR.
 8754 SW 8TH ST
 MIAMI FL 33174**

Name

NOEL L. OROZCO

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

8917 SW 12 St.

City

MIAMI

FL

Zip Code

33174

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

4-19-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Delete
 NAME **OROZCO, ALFONSO A., SR.**
 STREET ADDRESS **8754 SW 8TH ST**
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE **PTD** ☒ Change ☐ Addition
 NAME **OROZCO, ALFONSO A., JR**
 STREET ADDRESS **8917 S.W. 12 St**
 CITY-ST-ZIP **MIAMI, FL 33174**

TITLE **S** ☒ Delete
 NAME **OROZCO, NOEL**
 STREET ADDRESS **8754 SW 8TH ST**
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE **S** ☒ Change ☐ Addition
 NAME **OROZCO, NOEL L**
 STREET ADDRESS **13332 S.W. 43 Lane**
 CITY-ST-ZIP **MIAMI, FL 33174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

Daytime Phone #

CR2E034 (10/00)