

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M10371

1. Entity Name

STATE UNDERWRITERS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90087 017 ***158.75

Principal Place of Business

895 SW 86TH CT
 MIAMI FL 33144
 US

Mailing Address

P.O. BOX 524174
 P O BOX 524174
 MIAMI FL 33152-4174
 US

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

59-2483927

Applied For

Not Applicable

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

RUIZ, JOSE M.
 895 SW 86 CT
 MIAMI FL 33144

Name

Nimia V. Ruiz

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

9725 Fontainebleau Blvd #210

City

Miami

FL

Zip Code

33172

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 Nimia V. Ruiz

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

(NOTE: Registered Agent signature required when reinstating)

Munira V. Ruiz

DATE

04/27/00

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, 2000 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 ☒ Delete

NAME PS
 RUIZ, JOSE M.
 STREET ADDRESS 8917 SW 12 ST.
 CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME TVP
 RUIZ, NIMIA V.
 STREET ADDRESS 8917 SW 12 ST.
 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

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME P.S.
 NIMIA V. Ruiz
 STREET ADDRESS 9725 Fontainebleau Blvd #210
 CITY-ST-ZIP MIAMI FL 33172

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

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: Nimia V. Ruiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42700 305-267-9800

Date

Daytime Phone #

CR2E034 (9/99)