

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M10371

1. Entity Name

STATE UNDERWRITERS, INC.

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  
US

2. Principal Place of Business

00

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RUIZ, MIMIA V  
9725 FONTAIRREBKEA N BLVD #210  
MIAMI FL 33172

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PS  
NAME RUIZ, MIMIA V  
STREET ADDRESS 9725 FONTAIRRBLEAU BLVD #210  
CITY-ST-ZIP MIAMI FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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)(l), 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:

*Mimie V Ruiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-01

Date

305) 267-9800

Daytime Phone #

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90132 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2483927

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

CR2E034 (10/00)

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