

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90069 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # M10371</b>	
1. Entity Name <b>STATE UNDERWRITERS, INC.</b>	
Principal Place of Business <b>895 SW 86TH CT MIAMI FL 33144 US</b>	Mailing Address <b>P.O. BOX 524174 P O BOX 524174 MIAMI FL 33152 US</b>
2. Principal Place of Business	3. Mailing Address <b>PO Box 771115</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>MIAMI FL</b>
Zip	Country <b>USA</b>
Country	Zip <b>33177</b>

4. FEI Number <b>59-2483927</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>RUIZ, MIMIA V 9725 FONTAIRREBKEA N BLVD #210 MIAMI FL 33172</b>		7. Name and Address of New Registered Agent Name <b>Jose M. Ruiz</b> Street Address (P.O. Box Number is Not Acceptable) <b>13404 SW 153 TERR #2005</b> City <b>MIAMI</b> FL Zip Code <b>33177</b>	
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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 <b>Jose M. Ruiz SR President</b> DATE <b>04/26/02</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PS</b> NAME <b>RUIZ, MIMIA V</b> STREET ADDRESS <b>9725 FONTAIRREBLEAU BLVD #210</b> CITY-ST-ZIP <b>MIAMI FL 33172</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P.S.</b> NAME <b>Jose M. Ruiz SR</b> STREET ADDRESS <b>13404 SW 153 TERR #2005</b> CITY-ST-ZIP <b>MIAMI FL 33177</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Jose M. Ruiz** *[Signature]* **04/26/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)