# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 13, 2002 8:00 am**
**Secretary of State**
05-13-2002 90074 050 ***158.75

DOCUMENT #M 17629

1. Entity Name

American Bonding & Insurance Agency, Inc.

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2299 SW 27 Avenue | 2299 SW 27 Avenue |
| Suite, Apt. #, etc.: ~~Suite #200~~ | Suite, Apt. #, etc.: Suite 200 |
| City & State: ~~Miami, Florida~~ | City & State: Miami, Fl. |
| Zip: 33145 Country: U.S.A. | Zip: 33145 Country: U.S.A. |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650595313 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joel DeFabio

Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce De Leon Blvd., No. 430

City: Coral Gables, FL Zip Code: 33134

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: Joel DeFabio Joel DeFabio 04/29/02
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) ☐

January 1 - May 1, Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Joe Mastrapa<br>2299 SW 27 Avenue, No. 200<br>~~Miami, Fl. 33145~~ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Steven Morales<br>2299 SW 27 Avenue, NO. 200<br>Miami, Fl. 33145 |
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joe Mastrapa Joe Mastrapa 04/29/02 305-860-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #