## **FILED** Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90192 026 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

M30706 **DOCUMENT#** 



ALL U.S.A. INSURANCE AGENCY, INC.						01-23-2003	70172 020	150.	30	
Principal Place of Business 4200 S.W. 3RD STREET MIAMI FL 33134			4200 S	Mailing Address 4200 S.W. 3RD STREET MIAMI FL 33134			) 			
2. Principal F	Place of Busin	ess	3. Maili	3. Mailing Address						
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4. FEI Number 59-2664659			oplied For ot Applicable
Zip <u>:</u>	Zip Country		Zip	Zip Cour			5. Certificate of Status Desired		8.75 Add ee Require	
	6. Name	and Address of Curr	ent Registered	d Agent			7. Name and Address of New F	legistered A	gent	
			معود تسعصت بيتانه		<u></u>	lame			<u> </u>	
PADIN, GILBERTO 4200 S.W. 3RD STREET					S	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	33134					_				
					C	ity		FL	Zip Cod	e
	e named entity tions of regist		nt for the purpo	se of changing its	registered o	ffice or register	ed agent, or both, in the State of Fig	orida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered a	gent and title if appli	cable. (NOTE	: Registered Age	ent signature required	when reinstating)	DATE		<del></del>
		· · · · · · · · · · · · · · · · · · ·								
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.					9. Election Campaign Fir Trust Fund Contributio	· · -		00 May Be d to Fees
Afte Make Check	r May 1, 200	3 Fee will be \$550. Florida Departmen	t of State				Trust Fund Contributio	n. 🗆 🗆	Added	d to Fees
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12. 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 frue and accurate and that my stignature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employeed to examine this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TO PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date