

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M60694

1. Entity Name

INSURANCE DEPOT, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90002 027 ***400.00
06-19-2000 90003 026 ***150.00

Principal Place of Business

10477 SW 40TH STREET
10425 S.W. 40TH ST.
MIAMI FL 33165
US

Mailing Address

10477 S.W. 40TH STREET
10425 S.W. 40TH ST.
MIAMI FL 33165
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

65-0007900

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

ALMAZAN, SHIRLEY
10477 SW 40TH STREET
MIAMI FL 33165

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSTD
NAME ALMAZAN, SHIRLEY
STREET ADDRESS 10477 S.W. 40TH STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE President/Sec.Trea. ☒ Change ☐ Addition
NAME SHIRLEY ALMAZAN
STREET ADDRESS 10477 S.W. 40 Street
CITY-ST-ZIP Miami, FL. 33165 ☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President/Director ☐ Change ☒ Addition
NAME DANIEL ALMAZAN
STREET ADDRESS 10477 S.W.40 Street
CITY-ST-ZIP Miami, FL. 33165 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

Shirley Almazan SIGNED Shirley Almazan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

6/19/00-90003-026-\$150.00-\$150.00

DOCUMENT # M60694

1. Entity Name

INSURANCE DEPOT, INC.

Attachment
000718245
D

Principal Place of Business

Mailing Address

10477 SW 40TH STREET
10425 S.W. 40TH ST.
MIAMI FL 33165
US

10477 S.W. 40TH STREET
10425 S.W. 40TH ST.
MIAMI FL 33165-3745
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

65-0007900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALMAZAN, SHIRLEY
10477 SW 40TH STREET
MIAMI FL 33165

Name

Street Address (P.O. Box Number, is Not Acceptable)

City

FL

Zip Code

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SIGNATURE

Shirley Almazan

Shirley Almazan

5/1/00

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(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, 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ALMAZAN, SHIRLEY	
STREET ADDRESS	10477 S.W. 40TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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SIGNATURE:

Shirley Almazan

Shirley Almazan

5/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2EX14 (9/2/97)