

Amended

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

M62413

1. Entity Name DUARTE INSURANCE AGENCY, INC.

FILED

01 DEC 11 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1550 West 84 Street #77
Hialeah, Fl. 33014 Same

2. Principal Place of Business 1550 West 84 Street
3. Mailing Address 1550 West 84 Street

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

#77
City & State
Hialeah, Fl

#77
City & State
Hialeah, Fl

4. FEI Number 65-0012320
Applied For
Not Applicable

Zip Country Zip Country
33014 USA 33014 USA

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

Rafael A. Duarte
1550 West 84 Street #77
Hialeah, Fl. 33014

Name Lourdes C. Ramos
Street Address (P.O. Box Number is Not Acceptable)
1550 West 84 Street #77
City Hialeah FL Zip Code 33014

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 X  Lourdes C. Ramos, President 10/30/01
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 President
NAME Rafael A. Duarte ☒ Delete
STREET ADDRESS 1550 West 84 Street #77
CITY-ST-ZIP Hialeah, Fl. 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME Lourdes C. Ramos ☐ Change ☒ Addition
STREET ADDRESS 1550 West 84 Street #77
CITY-ST-ZIP Hialeah, Fl. 33014

TITLE ☐ Change ☐ Addition
NAME 500004734045--5
STREET ADDRESS -12/20/01--01024--015
CITY-ST-ZIP *****61.25 *****61.25

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

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

TITLE ☐ Change ☐ Addition
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 the empowered.

SIGNATURE: X  President 10/30/01 (305) 557-2399

CR2E034 (11/00)