

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90051 021 ***150.00

DOCUMENT # M62413

1. Entity Name

DUARTE INSURANCE AGENCY, INC.

Principal Place of Business

**1550 W. 84TH ST
HIALEAH FL 33014**

Mailing Address

**1550 W. 84TH ST
HIALEAH FL 33014**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 77

SUITE 77

City & State

City & State

Zip

Country

MIAMI-DADE

Zip

Country

MIAMI-DADE

4. FEI Number

65-0012320

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUARTE, RAFAEL A.
1550 WEST 84TH ST
MIAMI FL 33014**

7. Name and Address of New Registered Agent

Name **LOURDES C RAMOS**

Street Address (P.O. Box Number is Not Acceptable)
1550 WEST 84th STREET

SUITE 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

LOURDES C RAMOS, PRESIDENT/AGENT

01/09/2002

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Delete
NAME **DUARTE, RAFAEL**
STREET ADDRESS **8830 NW 196 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☐ Change ☒ Addition
NAME **LOURDES C RAMOS**
STREET ADDRESS **9923 WEST OKEECHOBEE ROAD #117A**
CITY-ST-ZIP **HIALEAH GARDENS, FLORIDA 33016**

TITLE **S** ☒ Delete
NAME **DUARTE, RAFAEL**
STREET ADDRESS **8830 NW 196 ST**
CITY-ST-ZIP **MIAMI FL**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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:

LOURDES C RAMOS/P

01/09/2002 (305)557-2399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)