

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-26-2002 90051 021 ***150.00

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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 77

City & State

Suite, Apt. #, etc.

SUITE 77

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PTD	DUARTE, RAFAEL	8830 NW 196 ST	MIAMI FL	<input checked="" type="checkbox"/>
S	DUARTE, RAFAEL	8830 NW 196 ST	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	LOURDES C RAMOS	9923 WEST OKEECHOBEE ROAD #117A	HIALEAH GARDENS, FLORIDA 33016	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)