

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90167 001 *****8.75
09-15-2003 90167 002 *****61.25

DOCUMENT # N02000008792

1. Entity Name
FLORIDA INSURANCE AGENTS ASSOCIATION, INC.



Principal Place of Business

**2310 WEST FLAGLER ST
MIAMI FL 33135**

Mailing Address

**9001 SW 77 AVE
APT. C-806
MIAMI FL 33156**

4400J014



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

321 IMPERIAL BLVD

Suite, Apt. #, etc.

APT K-109

LAKE LAND, FL

33803

USA

4. FEI Number

04-3720914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, RAYMOND
9001 SW 77 AVE
APT. C-806
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **RAYMOND GONZALEZ**

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

321 IMPERIAL BLVD APT K-109

City **LAKE LAND**

FL

Zip Code

33803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09-10-03

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GONZALEZ, RAYMOND**
STREET ADDRESS **9001 SW 77 AVE APT. C-806**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Delete
NAME **MARCUS, NEIL C**
STREET ADDRESS **13550 N. KENDALL DR. SUITE 270-B**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ Delete
NAME **DEL VALLE, NURIA**
STREET ADDRESS **11951 SW 4TH AVE**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **D** ☒ Delete
NAME **FERNANDEZ, GUILLERMO**
STREET ADDRESS **7740 SW 104 ST SUITE 100**
CITY-ST-ZIP **PINECREST FL 33156**

TITLE **D** ☒ Delete
NAME **FERNANDEZ, ALINA O**
STREET ADDRESS **1675 SW 21 ST**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **D** ☒ Delete
NAME **FERNANDEZ, YVONNE**
STREET ADDRESS **7403 SW 82 ST APT. N-109**
CITY-ST-ZIP **MIAMI FL 33143**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **GONZALEZ, RAYMOND**
STREET ADDRESS **321 IMPERIAL BLVD APT K109**
CITY-ST-ZIP **LAKE LAND FL 33803**

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

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

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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **RAYMOND GONZALEZ, PRES 9-10-03 786 338 3870**

CR2E037 (4/03)