

*Amended*  
**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # **N06000007555**

1. Entity Name

HBA Insurance Foundation Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2500 NW 79th Ave.

Suite, Apt #, etc

101

City & State

Miami, FL

Zip

33122

Country

3. Mailing Address

2500 NW 79th Ave.

Suite, Apt #, etc,

101

City & State

Miami, FL

Zip

33122

Country

4. FEI Number

20-4971953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

William E. Beckham

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

2500 NW 79 Ave STE 101

City

Miami

FL

Zip Code

33122

**DO NOT WRITE  
IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
Initial or Amended UBR

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*DP William E. Beckham  
12500 Virtudes Street  
Miami, FL 33122*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*DC Ernesto Freyre  
405 Ocean Dr. Unit 5K  
Key Biscayne, FL 33149*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11.

TITLE  
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*400108455234  
08/22/07--01039--001 \*\*61.25*

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*William E. Beckham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/07

Date

305-714-4400

Daytime Phone #