

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005430

1. Entity Name

DADE COUNTY SURETY AGENTS ASSOCIATION, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90043 030 \*\*\*\*61.25

Principal Place of Business	Mailing Address
320-A S.W. 12 AVENUE MIAMI FL 33130	2000 S. DIXIE HIGHWAY SUITE 104A COCONUT GROVE FL 33133-2441

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VELUNZA, BERT  
2000 S. DIXIE HWY., STE. 104-A  
MIAMI FL 33133

Name	BERT VELUNZA
Street Address (P.O. Box Number is Not Acceptable)	2220 SW 13 STREET
City	MIAMI
FL	Zip Code 33145

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: BERT VELUNZA 01-17-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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: BERT VELUNZA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-2000

Date

Daytime Phone #

CR2E037 (9/99)