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**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000005847**

FILED

02 JUL 18 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name:

**T & E Insurance Svcs. Corp.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**11469 SW 40 ST**

Suite, Apt. #, etc.

3. Mailing Address

**11469 SW 40 ST**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

01-02

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**65-0975992**

Applied For

Not Applicable

Zip

**33145**

Country

**USA**

Zip

**33145**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**NIVIS ALVAREZ**

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

**6970 SW 159 PLACE**

City

**MIAMI**

FL

Zip Code

**33193**

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

*[Signature]*

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<b>President - D</b>
NAME	<b>NIVIS ALVAREZ</b>
STREET ADDRESS	<b>6970 SW 159 PLACE</b>
CITY - ST - ZIP	<b>MIAMI, FLORIDA 33193</b>
TITLE	<b>Vice President</b>
NAME	<b>ADONAY Llerena</b>
STREET ADDRESS	<b>1100 SW 129 Ave.</b>
CITY - ST - ZIP	<b>MIAMI, FLORIDA 33184</b>
TITLE	<b>Treasurer</b>
NAME	<b>CARLOS ALVAREZ</b>
STREET ADDRESS	<b>6970 SW 159 PLACE</b>
CITY - ST - ZIP	<b>MIAMI, FLORIDA 33193</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	
NAME	
STREET ADDRESS	<b>500006627705--9</b>
CITY - ST - ZIP	<b>-07/24/02--01054--013</b>
TITLE	
NAME	
STREET ADDRESS	<b>****300.00 ****300.00</b>
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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/02

Date

305-223-7878

Daytime Phone: #

CR2E034B (12/01)



20f2

July 15, 2002

Department of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: PO0000005847 ( J&E Insurance Services Corp.)**

To Whom It May Concern:

Please find attached, the Uniform Business Report for the year 2001 & 2002.  
Note, that our address had changed and we never received the Uniform Business  
Report that was returned to you. As of today, I spoke to Miss. Eula in reference  
to waiving the penalties of \$600.00. I am submitting a check in the amount of \$300.00

**Our new address is: 11469 S.W. 40 Street  
Miami, Florida 33165**

If you have any questions, please call me at (305)-223-7878

Sincerely,  
*Nivis Alvarez*  
*President*