

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90101 036 ***150.00

DOCUMENT # P00000011006

1. Entity Name
PATRICIA MARAZO INSURANCE SERVICES, INC.



Principal Place of Business
2701 W OAKLAND PARK BV
103
OAKLAND PARK FL 33311

Mailing Address
2701 W OAKLAND PARK BV
103
OAKLAND PARK FL 33311

2. Principal Place of Business
2701 W. Oakland Park Blvd.

3. Mailing Address
Same

Suite, Apt. #, etc. 103 Suite, Apt. #, etc.

City & State Oakland FL 31 **City & State**

Zip 33311 **Country** Broward **Zip** **Country**

4. FEI Number 65-0978382 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARAZO, PATRICIA
860 E. COCO PLUM CIRCLE 120 N. Hibiscus Ct.
PLANTATION FL 33324 33317

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL **Zip Code**

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] **DATE** 1-6-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME MARAZO, PATRICIA	
STREET ADDRESS 860 E. COCO PLUM CIRCLE	
CITY-ST-ZIP PLANTATION FL 33324	
TITLE SD	<input type="checkbox"/> Delete
NAME KONRADY, LESTER	
STREET ADDRESS 860 E. COCO PLUM CIRCLE	
CITY-ST-ZIP PLANTATION FL 33324	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 120 N. Hibiscus Ct.	
CITY-ST-ZIP Plantation, FL 33317	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 120 N. Hibiscus Ct.	
CITY-ST-ZIP Plantation, FL 33317	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** 1-6-03 **Daytime Phone #** 954-485-5981

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CR2E034 (10/02)