

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011427

1. Entity Name

EQUITABLE INSURANCE BROKERS, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91102 007 ***150.00

Principal Place of Business

Mailing Address

~~8224 N.E. 2ND AVENUE~~
MIAMI FL 33138

9612 N.E. 2nd Ave.
Miami, FL 33138

~~8224 N.E. 2ND AVENUE~~
MIAMI FL 33138

9612 N.E. 2nd Ave.
Miami Shores, FL 33138

2. Principal Place of Business

3. Mailing Address

9612 N.E. 2nd Avenue
Suite, Apt. #, etc.

9612 N.E. 2nd Avenue
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Miami Shores, FL

Miami, Florida

☒ Not Applicable

Zip
33138

Country
Dade

Zip
33138

Country
Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JABOUIN, ROSE M
1121 N.E. 202ND STREET
MIAMI FL 33179

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME JOBOUIN, ROSE M
STREET ADDRESS 8224 N.E. 2ND AVENUE
CITY-ST-ZIP MIAMI FL 33138

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VT
NAME HONORE, MATHIAS M
STREET ADDRESS 871 N.E. 195TH STREET, APT. 401
CITY-ST-ZIP MIAMI FL 33179

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

attachment
D# P00000011427
B0045315

04/24/01

To Whom It may Concern:

Please amend the following
Addresses to read as follows:

please see Attached.

Thank You,
Rose