

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90220 032 ***150.00

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FP

DOCUMENT # P00000018856

1. Entity Name
S.M. INSURANCE SERVICES, INC.



Principal Place of Business
**7249 S.E. 24TH STREET
MIAMI FL 33155**

Mailing Address
**7249 S.E. 24TH STREET
MIAMI FL 33155**

2. Principal Place of Business
7249 SW 24 STREET

3. Mailing Address
7249 SW 24 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL 33155

City & State
Miami FL 33155

Zip Country
33155 USA

Zip Country
33155 USA

4. FEI Number **65-0984402**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEMBRENO, SORAYA
13851 SW 44 TERRACE
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name
Membreno, Soraya

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

24922 SW 127th. Path.

City **Miami** **FL** Zip Code **33032**

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 *Soraya Membreno*, **MEMBRENO, SORAYA**

4/21/2003

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MEMBRENO, SORAYA**
STREET ADDRESS **13851 SW 44 TERRACE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Membreno, Soraya**
STREET ADDRESS **24922 SW 127th. Path**
CITY-ST-ZIP **Miami FL 33032**

TITLE ☐ Change ☐ Addition
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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 *Soraya Membreno*, **Soraya Membreno**

4/21/03

305-260-2199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)