

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90116 040 ***150.00

0142472 SP

DOCUMENT # P00000023668

1. Entity Name

G.A. INSURANCE GROUP, INC.

Principal Place of Business

**11488 QUAIL ROOSE DRIVE
 MIAMI FL 33157**

Mailing Address

**11488 QUAIL ROOSE DRIVE
 MIAMI FL 33157**

2. Principal Place of Business

7834 N.W. 178th St.

Suite, Apt. #, etc.

3. Mailing Address

7834 N.W. 178th St.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33015

Country

US

Zip

33015

Country

US

4. FEI Number

65-0999563

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NORIEGA, CARL A

**11488 QUAIL ROOSE DRIVE
 MIAMI FL 33157**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **D** ☐ Delete
 NAME **NORIEGA, CARL A**
 STREET ADDRESS **11488 QUAIL ROOSE DRIVE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☒ Delete
 NAME **GONZALEZ, FRANCISCO**
 STREET ADDRESS **11488 QUAIL ROOSE DRIVE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7834 N.W. 178th St.**
 CITY-ST-ZIP **Miami, Florida 33015**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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 CITY-ST-ZIP

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:

Carl Noriega
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/01

305-828-9779

CR2E034 (5/01)

Attachment
Doc. # P00000023668
A007011

G. A. INSURANCE GROUP, INC.

July 10, 2001

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

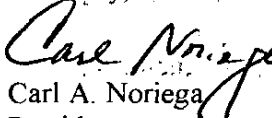
RE: Document # P00000023668

To Whom it May Concern:

We did not submit our Uniform Business Report because we never received the report that was due by May 1, 2001. Our business relocated to the address below and the report was not forwarded to our new address. We just received the second report today, July 10, 2001.

Enclosed is a check for \$150.00 for our Uniform Business Report.

Sincerely,


Carl A. Noriega
President

7834 N.W. 178th Street, Miami, Florida 33015
Phone (305) 828-9778 : Fax (305) 828-9457