

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000031695**

1. Entity Name

ABOUND INSURANCE, INC.

Principal Place of Business

16705 NE 19TH AVE
N MIAMI BEACH FL 33162

Mailing Address

16705 NE 19TH AVE
N MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0994959

Applied For

Not Applicable

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

SPIEGEL & UYHERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

MARIA I LENART-PALACINO

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

20001 NE 14CT

City

MIAMI

FL

Zip Code 33179

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 reappointing)

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
LENART-PALACINO, MARIA I
20001 NORTHEAST 14TH COURT
MIAMI FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Maria I Lenart-Palacio

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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:

Maria I Lenart-Palacio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02

Date

305-947-4933

Daytime Phone #

FILED
May 12, 2002 8:00 am
Secretary of State

03-31-2002 90336 044 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)