

2001 UNIFORM BUSINESS REPORT (UBR)

2

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-27-2001 90335 008 ***158.75

DOCUMENT # P00000042528

1. Entity Name

FLORIDA CONTRACTORS' INSURANCE UNDERWRITERS, INC

Principal Place of Business

Mailing Address

9175 FONTAINEBLEAU BLVD.
 UNIT #2
 MIAMI FL 33172

9175 FONTAINEBLEAU BLVD.
 UNIT #2
 MIAMI FL 33172

2. Principal Place of Business

175 FONTAINEBLEAU BLVD. 2A-1

3. Mailing Address

P.O. BOX 526848

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2A-1

City & State

City & State

MIAMI, FL 33172

MIAMI, FL 33152-6848

Zip

Country

DADE

Zip

Country

DADE

4. FEI Number

65-1007664

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORDONEZ, JAIME C
 9175 FONTAINEBLEAU BLVD.
 UNIT #2
 MIAMI FL 33172

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]

JAME C. ORDONEZ

2/29/01

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 D
 ORDONEZ, JAIME C
 9175 FONTAINEBLEAU BLVD.
 MIAMI FL 33172 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

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 CITY - ST - ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
 NAME
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 CITY - ST - ZIP ☐ Change ☐ Addition

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

13. I hereby certify that the information submitted 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 or other like empowered.

SIGNATURE:

[Signature]

JAME C. ORDONEZ

2/29/01

305.220-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)