

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90024 030 \*\*\*150.00

DOCUMENT # P00000047037

1. Entity Name  
 TRUJILLO INSURANCE AGENCY INCORPORATED

Principal Place of Business

Mailing Address

6826 NW 169TH STREET  
 MIAMI FL 33015

6826 NW 169TH STREET  
 MIAMI FL 33015

2. Principal Place of Business

3. Mailing Address

6826 NW 169 ST

6826 NW 169 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 MIAMI FL

City & State  
 MIAMI, FL

Zip  
 33015

Country  
 DADE

Zip  
 33015

Country  
 DADE

4. FEI Number 65-1009012

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

TRUJILLO, FREDIS J  
 4300 SW 148TH TERR.  
 MIRAMAR FL 33027

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME TRUJILLO, FREDIS J  
 STREET ADDRESS 4300 SW 148TH TERR.  
 CITY-ST-ZIP MIRAMAR FL 33027 ☐ Delete

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

TITLE V  
 NAME TRUJILLO, MAYRA  
 STREET ADDRESS 4300 SW 148TH TERR.  
 CITY-ST-ZIP MIRAMAR FL 33027 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 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 #

4-15-02 305-556-1010

CR2E034 (9/01)