

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90215 007 ***150.00

DOCUMENT # P00000064223

1. Entity Name
INSURANCE QUOTE, INC.



Principal Place of Business
**278 N.W. 42 AVENUE
MIAMI FL 33126**

Mailing Address
**278 N.W. 42 AVENUE
MIAMI FL 33126**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1032070**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**GARI, MARITZA
278 N.W. 42 AVENUE
MIAMI FL 33126**

Name
CRESCENCIO L. DIAZ

Street Address (P.O. Box Number is Not Acceptable)
278 N.W. 42 AVENUE

City
MIAMI

FL Zip Code
33126

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 *CRESCENCIO L. DIAZ*
CRESCENCIO L. DIAZ

2/25/2003

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
DIAZ, MARITZA G
278 N.W. 42 AVENUE
MIAMI FL 33126** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MARITZA G. DIAZ
278 N.W. 42 AVENUE
MIAMI, FL 33126** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
GARI, MARITZA
278 NW 42ND AVENUE
MIAMI FL 33126** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
CRESCENCIO L. DIAZ
278 N.W. 42 AVENUE
MIAMI, FL 33126** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2003 305-668-9595

Date

Daytime Phone #

CR2E034 (10/02)