

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90033 013 ***150.00

DOCUMENT # P00000073266

1. Entity Name

JUSTO AUTO INSURANCE SERVICES CORP.

D/B/A JUST INSURANCE SERVICES

Principal Place of Business

Mailing Address

29949 SOUTH DIXIE HIGHWAY
HOMESTEAD FL 33030
HO

29949 SOUTH DIXIE HIGHWAY
HOMESTEAD FL 33030
HO

2. Principal Place of Business

28931 South Dixie Highway

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

HOMESTEAD

City & State

4. FEI Number

65-1028433

Applied For

Not Applicable

Zip

33030

Country

Dade

Zip

SAME

Country

SAME

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

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

Vivian Arrechaleta

3/22/2002

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 P
NAME ARRECHALETE, VIVIAN
STREET ADDRESS 29949 SOUTH DIXIE HIGHWAY STE 1
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

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

TITLE T
NAME ARRECHALETE, VIVIAN
STREET ADDRESS 29949 SOUTH DIXIE HIGHWAY STE 1
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE
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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:

Vivian Arrechaleta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2002

(305-246-3153)

Date

Daytime Phone #

0162485 AV

CR2E034 (9/01)