

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073567

1. Entity Name  
PRONTO INSURANCE INC.

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90033 019 \*\*\*150.00

Principal Place of Business  
175 FONTAINEBLEAU BLVD. SUITE 1A-3  
MIAMI FL 33172

Mailing Address  
175 FONTAINEBLEAU BLVD. SUITE 1A-3  
MIAMI FL 33172

2. Principal Place of Business  
16201 S.W. 95 Avenue

3. Mailing Address

Suite, Apt. #, etc.  
Ste. 102

Suite, Apt. #, etc.

City & State  
Miami, FL.

City & State

Zip  
33157

Country  
USA

Zip

Country

4. FEI Number 65-1029726

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

LEREBOURS, JOSEFINA  
9760 SW 164TH ST  
MIAMI FL 33157

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEREBOURS, JOSEFINA			NAME			
STREET ADDRESS	175 FONTAINEBLEAU BLVD, SUITE 1A-3			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ, JULIO			NAME			
STREET ADDRESS	175 FONTAINEBLEAU BLVD, SUITE 1A-3			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Josefina Lerebours 4/23/2002 305-232-2024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)