

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000074977

FILED  
May 01, 2003  
Secretary of State

Entity Name: HIALEAH DISCOUNT INSURANCE, INC.

**Current Principal Place of Business:**

904 EAST 25 STREET  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

904 EAST 25 STREET  
HIALEAH, FL 33013

**New Mailing Address:**

FEI Number: 65-1037106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VILLARRUEL, ALBERT  
10350 SOUTHWEST 154 CIRCLE COURT  
MIAMI, FL 33196 US

**Name and Address of New Registered Agent:**

OHAN, GRACIELA  
15902 S.W. 103 LANE  
MIAMI, FL 33196 US

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: GRACIELA OHAN

05/01/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VILLARRUEL, ALBERT  
Address: 10350 SW 154 CT  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: OHAN, GRACIELA  
Address: 15902 SW 103 LANE  
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACIELA OHAN

P

05/01/2003

Electronic Signature of Signing Officer or Director

Date