

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90014 005 ***150.00

DOCUMENT # P00000085622

1. Entity Name

TAMIAMI INSURANCE AGENCY, INC.

Principal Place of Business

**15200 S.W. 163RD STREET
 MIAMI FL 33187**

Mailing Address

**15200 S.W. 163RD STREET
 MIAMI FL 33187**

2. Principal Place of Business

15876 SW 137 Ave

Suite, Apt. #, etc.

3. Mailing Address

15876 SW 137 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33177

Country

Dade

Zip

33177

Country

Dade

4. FEI Number

65-1039764

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

CRESPO, AILEEN

**15200 S.W. 163RD STREET
 MIAMI FL 33187**

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTD
 CRESPO, AILEEN
 15200 S.W. 163RD STREET
 MIAMI FL 33187** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVD
 GARCIA, ROLANDO
 15200 S.W. 163RD STREET
 MIAMI FL 33187** ☐ Delete

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

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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: **X**

Aileen Crespo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/01 (305) 251-5252

CR2E034 (10/00)