

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103799

1. Entity Name

CHAVEZ INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

11461 S.W. 40th Street
Miami, FL 33165

11461 S.W. 40th Street
Miami, FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1057488

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

CHAVEZ, JERRY
11461 S.W. 40th Street
Miami, FL 33165

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, 2000 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

D
CHAVEZ, JERRY
11461 S.W. 40th Street
Miami, FL 33165

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CHAVEZ, GILDA S.
11461 S.W. 40th Street
Miami, FL 33165

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/01

305 553-0331

FILED

01 OCT 19 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

CHAVEZ INSURANCE AGENCY, INC.
11461 S.W. 40th Street
Miami, FL 33165

October 11, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

RE: Chavez Insurance Agency, Inc.
Document #P00000103799
2001 Profit Corporation Annual Report

Gentlemen:

Enclosed find our 2001 Annual Report and our \$150.00 check for the filing fee.

Please be advised that it is the policy of our company to pay all bills upon receipt. Consequently if this has not been paid we undoubtedly never received it.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,


Mr. Jerry Chavez
Director