

2001 UNIFORM BUSINESS REPORT (UBR) → Amended # P000001097186125

DOCUMENT # P000001097186125

1. Entity Name
United Fire Inc.

Principal Place of Business Mailing Address
7530 N.W. 82 St

2. Principal Place of Business Suite, Apt. #, etc.
7530 N.W. 82 St

3. Mailing Address Suite, Apt. #, etc.
P.O. Box 84-8393

City & State
Miami, FL

City & State
Hollywood, FL

Zip
33166

Country
U.S.A. America

Zip
33084

Country
U.S.A. America

6. Name and Address of Current Registered Agent
Evangelio Roque
7580 N.W. 82 St.
Miami, FL 33166

4. FEI Number
65-1058263

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

7. Name and Address of New Registered Agent
Name
Luis Denizil Herrera
Street Address (P.O. Box Number is Not Acceptable)
6413 Perry St.
City
Hollywood FL Zip Code
33024

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 *Luis Denizil Herrera* *[Signature]* *11/28/01*
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. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 <i>Director (Roque Evangelio)</i> <i>Evangelio D. Roque</i> <i>7580 N.W. 82 St.</i> <i>Miami, FL 33166</i> | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Director</i> <i>Luis Denizil Herrera</i> <i>7530 N.W. 82 St.</i> <i>Miami, FL 33166</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Director</i> <i>Raigo Ricardo</i> <i>7580 N.W. 82 St.</i> <i>Miami, FL 33166</i> | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Director</i> <i>Robert De Jesus, Kedian</i> <i>7580 N.W. 82 St.</i> | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 files empowered.

SIGNATURE: *[Signature]* *11/28/01* 305-685-7200
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -3 AM 11:39

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)