

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90076 030 \*\*\*150.00

**DOCUMENT # P00000113796**

1. Entity Name

**INSURANCE SUPPORT GROUP III CORP.**

Principal Place of Business

Mailing Address

1693 NW 27TH AVENUE  
 MIAMI FL 33125

1693 NW 27TH AVENUE  
 MIAMI FL 33125

2. Principal Place of Business

**1738 S.W. 57 Ave**

3. Mailing Address

**1738 S.W. 57 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-1061507**

☒ Applied For

☐ Not Applicable

Zip **33155**

Country

**MIAMI-DADE**

Zip **33155**

Country

**MIAMI-DADE**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARVAJALINO, JUAN C**  
**19067 NW 23RD CT**  
**PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1693 NW 27 Ave**

City **MIAMI**

FL

Zip Code **33125**

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

*Juan C. Carvajalino*  
**PRESIDENT**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARVAJALINO, JUAN C	
STREET ADDRESS	19067 NW 23RD CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALDERRAMA, LUIS F	
STREET ADDRESS	1525 MERIDIAN AVE #109	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	VALDERRAMA, FARLEIR F	
STREET ADDRESS	1525 MERIDIAN AVE #109	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHERINE CARVAJALINO	
STREET ADDRESS	19067 NW 23RD CT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/01**

Daytime Phone #

CR2E034 (1/0/00)