

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91327 047 ***150.00

DOCUMENT # P01000013268

1. Entity Name

IDEAL INSURANCE Agency INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7537 NW 7 AVE

Suite, Apt. #, etc.

3. Mailing Address

1425 NW 192 terr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1089548

Applied For

Not Applicable

Zip

33150

Country

USA

Zip

33169

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Guilford Dieuvil

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

1425 NW 192 terr

City Miami

FL

Zip Code 33169

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

04/29/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Guilford Dieuvil
1425 NW 192 terr
Miami, FL 33169

TITLE
NAME
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Guilford Dieuvil, President - 04/29/02 - 754886