

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90023 041 ***150.00

DOCUMENT # P01000017064

1. Entity Name

EXTREME INSURANCE GROUP, INC.

Principal Place of Business

**8540 SOUTHWEST 133RD AVENUE ROAD
 UNIT 308
 MIAMI FL 33183**

Mailing Address

**8540 SOUTHWEST 133RD AVENUE ROAD
 UNIT 308
 MIAMI FL 33183**

2. Principal Place of Business

1257 W 72 ST

3. Mailing Address

1257 W 72 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33014 USA

Zip

33014 USA

4. FEI Number

651081788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Alexis Paredes

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

1257 W 72 ST.

City

Hialeah

FL

Zip Code

33014

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: **Alexis Paredes**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/02
 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, 2002 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 **PTD** ☐ Delete
 NAME **PARADES, ALEXIS**
 STREET ADDRESS **8540 SOUTHWEST 133RD AVENUE ROAD**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **SVD** ☐ Delete
 NAME **PARADES, SHARON**
 STREET ADDRESS **8540 SOUTHWEST 133RD AVENUE ROAD**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1257 W 72 ST**
 CITY-ST-ZIP **Hialeah FL 33014**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1257 W 72 ST**
 CITY-ST-ZIP **Hialeah FL 33014**

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TITLE ☐ Change ☐ 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: **Alexis Paredes**

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/02 (305) 216-4841

CR2E034 (9/01)