AMENDMENT

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000031242

1. Entity Name
INSURANCE CENTER OF MIAMI CORPORATION

FILED
02 JUL 15 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5303 NE 2ND AVE	12895 W. DIXIE HWY.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: N. MIAMI, FLORIDA
Zip: 33137 Country: DADE	Zip: 33161 Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: MARIA MARTINEZ

Street Address (P.O. Box Number is Not Acceptable): 12895 W DIXIE HWY.

City: N. MIAMI FL Zip Code: 33161

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: X Liliana Martinez 07/05/02
(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) ☐

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 JOSE GONEM 16400 Collins AVE #2141 SUNNY ISLES BCH, FL 33160
VICE PRESIDENT LILIA VARGAS 16400 Collins AVE. #2141 SUNNY ISLES BCH, FL 33160
SECRETARY LILIANA GONEM 16400 Collins AVE #2141 SUNNY ISLES BCH, FL 33160

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Liliana Gonem Liliana Gonem Jul 5/02 (786)200 4668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #