

AMENDMENT
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000031242**
 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
5303 NE 2ND AVE
 Suite, Apt. #, etc.
 City & State
Miami, Florida
 Zip
33137
 Country
DADE

3. Mailing Address
12895 W. DIXIE HWY.
 Suite, Apt. #, etc.
 City & State
N. Miami, Florida
 Zip
33161
 Country
DADE

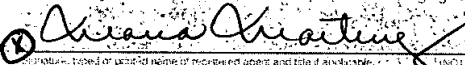
DO NOT WRITE IN THIS SPACE

4. FEI Number
 Applied For
 Not Applicable

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

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

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  **07/05/02**
(Signature of individual or corporate officer, president, or sole proprietor, or of a registered agent, or of a person authorized to execute this statement on behalf of the corporation or other entity.)

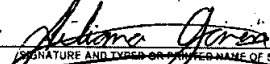
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back.)

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 GARNEM 16400 COLLINS AVE #2141 SUNNY ISLES BCH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400006469644-2 07/17/02-01052-023 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LILIA VARGAS 16400 COLLINS AVE #2141 SUNNY ISLES BCH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LILIANA GARNEM 16400 COLLINS AVE #2141 SUNNY ISLES BCH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with or without other like empowered.

SIGNATURE:  **Liliana Garnem** **7/5/02** (780) 260 4668
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)