

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90020 024 \*\*\*158.75

**DOCUMENT # P01000038354**

1. Entity Name  
**AXIS UNDERWRITERS, INC**

Principal Place of Business

2121 PONCE DE LEON BLVD  
SUITE #500  
CORAL GABLES FL 33134  
US

Mailing Address

2121 PONCE DE LEON BLVD  
SUITE #500  
CORAL GABLES FL 33134  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1000 PONCE DE LEON BLVD**

3. Mailing Address

**1000 PONCE DE LEON BLVD**

Suite, Apt. #, etc.

**#121**

Suite, Apt. #, etc.

**#121**

City & State

**CORAL GABLES**

City & State

**CORAL GABLES**

4. FEEL Number

**65-1090285**

Applied For

Not Applicable

Zip

**33134**

Country

**U.S.**

Zip

**33134**

Country

**U.S.**

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

6. Name and Address of Current Registered Agent

MIRANDA, GONZALO G  
2121 PONCE DE LEON BLVD  
SUITE #500  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **GONZALO G. MIRANDA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1000 PONCE DE LEON BLVD**  
**#121**  
City **CORAL GABLES** FL Zip Code **33134**

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 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, 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	<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
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STREET ADDRESS	
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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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>GONZALO G. MIRANDA</b>
CITY-ST-ZIP	<b>1000 PONCE DE LEON BLVD, #121</b> <b>CORAL GABLES, FL 33134</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VICE-PRESIDENT</b>
STREET ADDRESS	<b>JOSE M. CABALLERO, MONESIN</b>
CITY-ST-ZIP	<b>1000 PONCE DE LEON BLVD, #121</b> <b>CORAL GABLES, FL 33134</b>
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 OF GONZALO G. MIRANDA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-02 1365 448-0933**

Date

Daytime Phone #

CR2E034 (9/01)