

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90002 027 ***150.00

DOCUMENT # P01000051812

1. Entity Name

ASSURANCE ASSOCIATES OF MIAMI IV, INC.

Principal Place of Business

2847 N.W. 7TH ST.
MIAMI FL 33125

Mailing Address

2847 N.W. 7TH ST.
MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1111625

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEGA, ALFREDO J.
2847 N.W. 7TH ST.
MIAMI FL 33125Name **SALVADOR A. GARCIA**

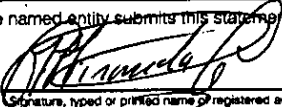
Street Address (P.O. Box Number is Not Acceptable)

2847 NW 7 STREET

City **MIAMI****FL**Zip Code **33125**

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



secretary

4/15/02

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Delete
NAME	VEGA, ALFREDO J	
STREET ADDRESS	2847 N.W. 7TH ST.	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE	PD	☒ Delete
NAME	VEGA, ALFREDO J	
STREET ADDRESS	2847 N.W. 7TH ST.	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE	VD	☐ Delete
NAME	GARCIA, SALVADOR A	
STREET ADDRESS	2847 N.W. 7TH ST.	
CITY-ST-ZIP	MIAMI FL 33125	

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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	☒ Change ☐ Addition
NAME	GARCIA, SALVADOR A	
STREET ADDRESS	2847 NW 7 ST	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE	SECRETARY	☐ Change ☒ Addition
NAME	ALEXANDRO MIRANDA	
STREET ADDRESS	11615 NW 4 TERRACE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	VP	☐ Change ☒ Addition
NAME	BERNARDO GARCIA	
STREET ADDRESS	2847 NW 7 ST	
CITY-ST-ZIP	MIAMI FL 33125	

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-0 2 (305) 649-4334

CR2E034 (9/01)