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# 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 | Mailing Address |
|---|---|
| 2847 N.W. 7TH ST. | 2847 N.W. 7TH ST. |
| MIAMI FL 33125 | MIAMI FL 33125 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1111625 — Applied For / Not Applicable

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<br>2847 N.W. 7TH ST.<br>MIAMI FL 33125 | Name: SALVADOR A. GARCIA<br>Street Address (P.O. Box Number is Not Acceptable): 2847 NW 7 STREET<br>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: [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 State**

10. 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<br>NAME: VEGA, ALFRED J<br>STREET ADDRESS: 2847 N.W. 7TH ST.<br>CITY-ST-ZIP: MIAMI FL 33125 | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE: PD<br>NAME: VEGA, ALFREDO J<br>STREET ADDRESS: 2847 N.W. 7TH ST.<br>CITY-ST-ZIP: MIAMI FL 33125 | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE: VD<br>NAME: GARCIA, SALVADOR A<br>STREET ADDRESS: 2847 N.W. 7TH ST.<br>CITY-ST-ZIP: MIAMI FL 33125 | ☐ Delete | TITLE: P<br>NAME: GARCIA, SALVADOR A<br>STREET ADDRESS: 2847 NW 7 ST<br>CITY-ST-ZIP: MIAMI, FL 33125 | ☒ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE: SECRETARY<br>NAME: ALEJANDRO MIRANDA<br>STREET ADDRESS: 11615 NW 4 TERRACE<br>CITY-ST-ZIP: MIAMI, FL 33172 | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE: VP<br>NAME: BERNARDO GARCIA<br>STREET ADDRESS: 2847 NW 7ST<br>CITY-ST-ZIP: MIAMI, FL 33125 | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

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] SIGNATURE REQUIRED secretary 4-15-02 (305)649-4336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)