FROM :

PHONE NO. :

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91442 004 ***150.00

80113447

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059414

1. Entity Name

87th AVENUE INSURANCE AGENCY, INC

2502 SW 87TH AVE
MIAMI, FL 33165

2502 SW 87TH AVE
MIAMI, FL 33165

2. Principal Place of Business		3. Mailing Address	
2502 SW 87TH AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI FL		City & State	
Zip: 33165	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1111444 — Applied For / Not Applicable

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

JULIO COMAS
2502 SW 87TH AVE
MIAMI, FL 33165

7. Name and Address of Current Registered Agent

Name

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

City FL Zip Code

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]

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) ☐

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	DPS JULIO COMAS 2502 SW 87TH AVE MIAMI, FL 33165 ☐ DELETE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT DIANA C COMAS 2502 SW 87TH AVE MIAMI, FL 33165 ☒ DELETE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

12. 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: [signature] 4-29-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #