

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90171 001 ***150.00

DOCUMENT # *P01000089323*

1. Entity Name

UNITED INSURANCE & FINANCIAL ADVISORS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9745 SUNSET DR

3. Mailing Address

24580 SW 104 AVE

Suite, Apt. #, etc.

SUITE # 310

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

FL

Country

33173

Zip

FL

Country

33031

4. FEI Number

05-1138503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARIA CURBELO

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

24580 SW 104 AVE

City

MIAMI

FL

Zip Code

33031

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

PD

NAME

MARIA I CURBELO

STREET ADDRESS

24580 SW 104 AVE

CITY - ST - ZIP

MIAMI FL 33031

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *x Maria Curbelo*

MARIA I CURBELO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)