

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90794 001 \*\*\*600.00

**DOCUMENT # P01000090769**

1. Entity Name

**T&F INSURANCE, INC.**

Principal Place of Business

**13843 SOUTH DIXIE HIGHWAY  
 MIAMI FL 33156**

Mailing Address

**13843 SOUTH DIXIE HIGHWAY  
 MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. City & State

City & State

5. Zip

Country

Zip

Country

4. FEI Number

**65-1151075**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TYRRELL, JOHN J  
 13843 SOUTH DIXIE HIGHWAY  
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name: **Nancy Fernandez**  
 Street Address (P.O. Box Number is Not Acceptable):  
**13843 S. Dixie Highway**  
 City: **Miami** FL Zip Code: **33156**

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD FERNANDEZ, ALINA 13843 SOUTH DIXIE HIGHWAY MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PUELLO, JUAN 13843 SOUTH DIXIE HIGHWAY MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/OWNER 50% JOHN J. TYRRELL 13843 S.W. 151 <sup>st</sup> AVE PINECREST, FL 33156	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/OWNER 50% NANCY FERNANDEZ 12575 PINE NEEDLE LANE PINECREST, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)