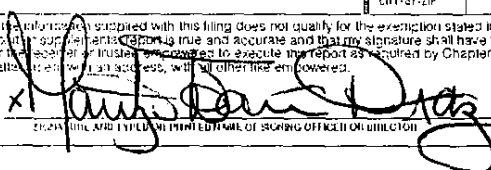


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90159 009 ***150.00

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2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104835			
1. Entity Name MARITZA GARI DIAZ, INSURANCE SERVICES, INC.			
Principal Place of Business 278 NW 42 AVE, SUITE A MIAMI, FL 33126		Mailing Address 278 NW 42 AVE, SUITE A MIAMI, FL 33126	
2. Principal Place of Business		3. Mailing Address	
State, Zip, etc.		State, Zip, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1150606		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARI DIAZ, MARITZA 278 NW 42 AVE, SUITE A MIAMI, FL 33126		7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ (Signature, in ink or printed name of registered agent and office if applicable. (NOTE: Registered Agent's signature required when submitting.)			
FILE NOW!!! FEES: \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Delete ☐ Change ☐ Addition ☐	
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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Delete ☐ Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Delete ☐ Change ☐ Addition ☐	
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 disclosed in this 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 incorporator or organizer or promoter or agent for the corporation or the incorporator or organizer or promoter or agent for the corporation, or on an alternate basis, with an address, with an officer or director empowered.			
SIGNATURE: 		4/24/03 305-444-5114	
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	