

9/3/

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90002 026 \*\*\*150.00

**DOCUMENT # P01000105302**

1. Entity Name

**A-ABREEZE INSURANCE AGENCY, INC.**

Principal Place of Business

**1611 NE 123RD STREET  
NORTH MIAMI FL 33181**

Mailing Address

**1611 NE 123RD STREET  
NORTH MIAMI FL 33181**

2. Principal Place of Business

**1611 NE 123RD STR**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State  
**N. MIAMI, FL. 33181**City & State  
**SAME**

4. FEI Number

**65-1152292**

Applied For

Not Applicable

Zip **33181**Country **USA**Zip **SAME**Country **USA**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**42671****6. Name and Address of Current Registered Agent****SIERRA, LETICIA  
1611 NE 123RD STREET  
NORTH MIAMI FL 33181****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

*Leticia Sierra, President*

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b> <input type="checkbox"/> Delete <b>SIERRA, LETICIA</b> <b>1611 NE 123RD STREET</b> <b>NORTH MIAMI FL 33181</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Leticia Sierra, President***8/21/02**  
**9-7-02****305 899-8981**  
Daytime Phone #

CR2E034 (4/02)

~~Attached~~

42671

~~P01000105302~~

A-Abreeze Insurance Agency, Inc.  
1611 N.E. 123 Street  
North Miami, Fl 33181

Phone: 305-899-8981  
Fax : 305-899-8354

August 29th, 2002

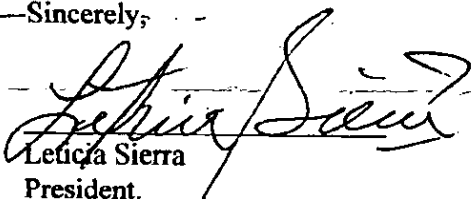
Florida Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Florida 32314

Dear Sir/Madam,

Please be advised that I just received the 2002 Uniform Business Report form. As of this date, this is the first time that I receive the form. Accordingly, please find enclosed my check number 395, written in the amount of \$ 150.00 as payment of my filing corporate fee.

If any further information is needed, please call my office at the above listed phone number during the business hours of 09:00 AM to 5:00 PM or you may send a fax as well.

Sincerely,

  
Leticia Sierra  
President.

9/12/02

Signed and sent Fed Ex.

