

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90046 031 ***150.00

DOCUMENT # P01000113668

1. Entity Name

RISK & RE-INSURANCE SOLUTIONS CORPORATION

Principal Place of Business

7784 S.W.102ND LANE
 MIAMI FL 33156

Mailing Address

7784 S.W.102ND LANE
 MIAMI FL 33156

2. Principal Place of Business

11811 SW 92ND LANE

3. Mailing Address

P.O. Box #566029

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, Florida

4. FEI Number

65-1156500

Applied For

Not Applicable

Zip

Country

33186

USA

Zip

33256-6029

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRABAL, ANTHONY

7784 S.W.102ND LANE

MIAMI FL 33156

Name

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

11811 SW 92ND LANE

City

MIAMI

FL

Zip Code

33186

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

Sept. 11, 2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME MIRABAL, ANTHONY
 STREET ADDRESS 7784 S.W.102ND LANE
 CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 11811 SW 92ND LANE
 CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Director
 STREET ADDRESS DR. RAMON A. PEREZ
 CITY-ST-ZIP ROYAL BANK CENTER, # 1100, 255 Ponce de Leon Ave.
 Hato Rey, PR 00917

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #

09/11/02 (305) 274-3344

CR2E034 (4/02)



Attachment # P01000113668
Risk & Re-Insurance Solutions Corporation
Risk Management • Reinsurance Services • Consultancy

September 11th, 2002

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

**RE: 2002 Uniform Business Report Filing
Document # P01000113668
Filing Fee Amount / Change of Address**

To Whom It May Concern:

The purpose of this letter is to confirm that the reason why the accompanying filing fee is the original \$150.00 versus the \$550.00 that would be necessary for a filing of the captioned report at this time of the year is that we never received the first notice. It seems that an obvious reason for not having received the first notification is the fact that we moved from the prior address (primary place of business, mailing address as well as private residence). Please see changes made and/or notification of the new addresses in the enclosed completed form.

We hope that given the circumstances, that you take this matter under consideration and waive the additional \$400.00 amount or penalty. Please see accompanying check number 1087 in the amount of \$150.00 to cover the original fee amount.

Very Cordially Yours,

Anthony Mirabal, CPCU, ARM, ARE
Managing Director

Enclosures

Attachment

PD10000098609

Double Eagle of Northwest Florida, Inc.

971 Grand Canal
Gulf Breeze, FL 32563-3054

(850) 934-4647

September 10, 2002

Division of Corporations
Uniform-Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

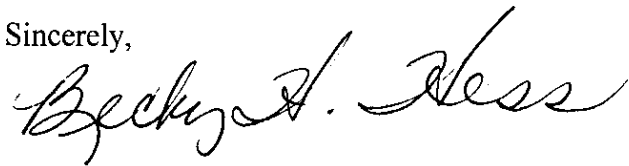
RE: Double Eagle of Northwest Florida, Inc.
2002 Uniform Business Report

Enclosed is the completed 2002 Uniform Business Report for Double Eagle of Northwest Florida, Inc. Also enclosed is a check for the original \$150 filing fee.

This is the first notice we have received regarding this report. We did not receive the previous notice. As stated on your "Important Information" page, the \$400 penalty will be waived in this case.

Thank you for your help in this matter.

Sincerely,



Becky H. Hess
President