

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91909 028 ***150.00

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DOCUMENT # P01000114197

1. Entity Name
SUAREZ AND ASSOCIATES INSURANCE #2, INC.



Principal Place of Business
**8204 NW 103RD STREET
HIALEAH GARDENS FL 33016**

Mailing Address
**8204 NW 103RD STREET
HIALEAH GARDENS FL 33016**

2. Principal Place of Business

8202 NW 103 RD ST

3. Mailing Address

8202 NW 103 RD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH GARDENS FL

City & State

HIALEAH GARDENS FL

Zip

33016

Country

Zip

33016

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1156444

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LIBERTY BUSINESS SERVICES, INC.
8204 NW 103RD STREET
HIALEAH GARDENS FL 33016**

7. Name and Address of New Registered Agent

Name
LIBERTY BUSINESS SERVICES, INC.

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

8202 NW 103 RD STREET

City

HIALEAH GARDENS FL

Zip Code

33016

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)

4-30-03

DATE

FILE NOW!!! FEE IS \$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
**PD
SUAREZ, FRANCISCO Z
449 PLOVER AVENUE
MIAMI SPRINGS FL 33166**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
GARCIA, SERGIO R
9713 NW 122ND TERRACE
HIALEAH GARDENS FL 33018**

☐ Delete

TITLE
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CITY-ST-ZIP
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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 Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-30-03

305-262-9334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)