

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90962 024 ***150.00

DOCUMENT # P02000019975

1. Entity Name
DOZA INSURANCE SERVICES, INC.



Principal Place of Business

~~17 PALMETTO DR.~~
~~STE. A~~
~~MIAMI SPRINGS FL 33166~~

Mailing Address

~~17 PALMETTO DR.~~
~~STE. A~~
~~MIAMI SPRINGS FL 33166~~

11060977



2. Principal Place of Business

1000 Ponce DeLeon Blvd - 1000 Ponce DeLeon Blvd
Suite, Apt. #, etc. 110

3. Mailing Address

1000 Ponce DeLeon Blvd
Suite, Apt. #, etc. 110

☒ CHECK HERE IF MAKING CHANGES

City & State Coral Gables

City & State Coral Gables

4. FEI Number 421530200

Applied For
Not Applicable

Zip 33134 Country USA

Zip 33134 Country Dade

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, JUAN A
~~17 PALMETTO DR.~~
~~STE. A~~
~~MIAMI SPRINGS FL 33166~~

7. Name and Address of New Registered Agent

Name Mendoza, Juan A
Street Address (P.O. Box Number is Not Acceptable) 1508 Bay Rd #N453
City Miami Beach FL Zip Code 33139

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)

4/10/03

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	MENDOZA, JUAN A	
STREET ADDRESS	17 PALMETTO DR. SUITE A	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MENDOZA, JUAN A	
STREET ADDRESS	17 PALMETTO DR. SUITE A	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MENDOZA, LISETTE	
STREET ADDRESS	17 PALMETTO DR. SUITE A	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mendoza, Juan A	
STREET ADDRESS	P.O. Box 226575	
CITY-ST-ZIP	Miami FL 33122	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mendoza, Juan	
STREET ADDRESS	P.O. Box 415133	
CITY-ST-ZIP	Miami Beach FL 33141	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mendoza, Lisette	
STREET ADDRESS	P.O. Box 226575	
CITY-ST-ZIP	Miami FL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 305-884-3444

Date Daytime Phone #

CR2E034 (10/02)