ROM : F

PROFIT CORPORATION
BUSINESS REPORT (UBR)

4/28/2003-91335-038-$150.00-$150.00

NT # P02000029938

AYs INSURANCE AGENCY OF WESTON, INC.

FILED

03 NOV 14 AM 11: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
0 GLADES CIRCLE	2700 GLADES CIRCLE
TE 108	SUITE 108
STON FL 33327	WESTON FL 33327

2\. Principal Place of Business: ZUMYS INS. AGENCY OF WESTON
Suite, Apt. #, etc.: 2900 GLADES CIR # 475
City & State: WESTON FL.
Zip: 33327 Country: BROWARD

3\. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

☑ CHECK HERE IF MAKING CHANGES

4\. FEI Number: 65-1144474 ☐ Applied For ☐ Not Applicable

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

6\. Name and Address of Current Registered Agent

MENDEZ, AGUSTIN
2700 GLADES CIRCLE
SUITE 108
WESTON FL 33327

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 ______ (NOTE: Registered Agent signature required when reinstating) 04/24/03 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	☐ Delete	TITLE: DIRECTOR NAME: AGUSTIN MENDEZ STREET ADDRESS: 2900 GLADES CIR # 475 CITY-ST-ZIP: WESTON FL 33327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: DIRECTOR NAME: CARMEN SOSA STREET ADDRESS: 2900 GLADES CIR # 475 CITY-ST-ZIP: WESTON FL 33327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 04/24/03 (Date) 954-2707565 (Daytime Phone #)