


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90156 036 \*\*\*150.00

**DOCUMENT # P02000066696**

1. Entity Name  
**ASG REINSURANCE BROKERS CORP.**



Principal Place of Business  
**3191 CORAL WAY STE 603  
MIAMI FL 33145**

Mailing Address  
**3191 CORAL WAY STE 603  
MIAMI FL 33145**



2. Principal Place of Business  
**848 Brickell Avenue**  
Suite, Apt. #, etc.  
**Suite 1235**  
City & State  
**Miami, Fl**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip  
**33131** Country  
**Dade**

Zip  
Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**EDUARDO FERNANDEZ, P.A.  
501 BRICKELL KEY DR STE 400  
MIAMI FL 33131**

4. FEI Number  
**04-3690559** Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
Name **Julio E. Ulloa**  
Street Address (P.O. Box Number is Not Acceptable)  
**848 BRICKELL AVENUE SUITE 1235**  
City **MIAMI** FL Zip Code **33131**

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 *Julio E. Ulloa* DATE **3-21-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ULLOA, JULIO E	3191 CORAL WAY STE 603	MIAMI FL 33145	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	JULIO E. ULLOA	848 BRICKELL AVE, SUITE 1235	MIAMI, FL. 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Julio E. Ulloa* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **03-21-03** (305) 416-3014  
Daytime Phone #

CR2E034 (10/02)