

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0321912 AV

DOCUMENT # P02000084863

1. Entity Name
A.G.P.A. ADJUSTERS, INC.



Principal Place of Business
**15459 SW 57TH STREET
MIAMI FL 33193**

Mailing Address
**15459 SW 57TH STREET
MIAMI FL 33193**

1106030J



2. Principal Place of Business
10850 S.W. 113 Place

3. Mailing Address
10850 SW 113 Place

Suite, Apt. #, etc.
Suite 219

Suite, Apt. #, etc.
Suite 219

☐ CHECK HERE IF MAKING CHANGES

City & State
miami FL

City & State
miami FL

4. FEI Number
02-0636430

Applied For
☐ Not Applicable

Zip Country
33176 USA

Zip Country
33176 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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ~~President~~
NAME **GONZALEZ, ROLANDO**
STREET ADDRESS **15459 SW 57TH STREET**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **President**
NAME **Rolando Gonzalez**
STREET ADDRESS **4900 SW 149 COURT, Unit C**
CITY-ST-ZIP **miami, FL 33185**

TITLE **Secretary**
NAME **Kathleen Mora Gonzalez**
STREET ADDRESS **4900 S.W. 149 COURT, Unit C**
CITY-ST-ZIP **miami, FL 33185**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President**
NAME **Juan Artiles**
STREET ADDRESS **4953 SW 152 CT, Unit B**
CITY-ST-ZIP **miami, FL 33185**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer**
NAME **Cheylen Artiles**
STREET ADDRESS **4953 SW 152 CT, Unit B**
CITY-ST-ZIP **miami, FL 33185**

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-03 305-598-1880

Date

Daytime Phone #

CR2E034 (10/02)