

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90002 039 ***150.00

DOCUMENT # P02000096865

1. Entity Name

HEALTH CARE INSURANCE BROKERS, INC



Principal Place of Business

6364 SW 32ND ST.
MIAMI FL 33155
US

Mailing Address

6364 SW 32ND ST.
MIAMI FL 33155
US

2. Principal Place of Business

540 BRICKELL KEY DR

Suite, Apt. #, etc.

1802

3. Mailing Address

6364 SW 32ND ST.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

56-2293911

Applied For

Not Applicable

Zip

33131

Country

Dade

Zip

33155

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUDIVERT, IVETTE R.
1125 SW 9 ST
APT-C
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name: Ivette R. Audivert.

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

6364 SW 32 ST

City

Miami

FL

Zip Code

33155

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

Ivette R. Audivert President.

3-28-05

Signature and 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, 2005 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	P	<input type="checkbox"/> Delete
NAME	AUDIVERT, IVETTE R	
STREET ADDRESS	1125 SW 9 ST APT- C	
CITY- ST- ZIP	MIAMI FL 33130	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	AUDIVERT FRANCISCO	
STREET ADDRESS	6364 SW 32 ST	
CITY- ST- ZIP	Miami, FL 33155	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05

Date

(786) 306-1687

Daytime Phone #