

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90260 018 \*\*\*158.75

DOCUMENT # P04000043794

1. Entity Name

AMCO INSURANCE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2350 W. FLAGLER ST.

Suite, Apt. #, etc.

3. Mailing Address

8349 SOUTHWEST FREEWAY

Suite, Apt. #, etc.

50000159

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI FL

City & State  
HOUSTON, TX

4. FEI Number  
32-0097498

Applied For  
Not Applicable

Zip  
33135

Country  
USA

Zip  
77074

Country  
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
PEERBHAI REHMAT A

Street Address (P.O. Box Number is Not Acceptable)  
2350 W. FLAGLER ST.

City  
MIAMI

FL Zip Code  
33135

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

PEERBHAI REHMAT A

01/02/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
PRESIDENT  
PEERBHAI REHMAT A  
2350 W. FLAGLER ST.  
MIAMI, FL 33135

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

PEERBHAI REHMAT A

01-02-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #