P11000020920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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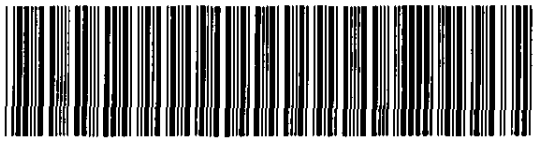

600199655856

04-21-2011
M. RIVERA
FE 1

SAFE RELIANCE INSURANCE AGENCY, INC.

21100 S.W. 87th Ave, Suite 107 Miami, Florida 33189
Phone: 305.316.0060 Fax: 305.397.1930
safereliance@gmail.com

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PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
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Corp. Update – add FEIN 27-5322388	P11000020920

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

SAFE RELIANCE INSURANCE AGENCY, INC.

P11000020920

FEIN 27-5322388

Please ADD the FEIN number 27-5322388 to Safe Reliance Insurance Agency, Inc.

I request that this process is expedited as I need this in order to be appointed/contracted for work.