

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91885 027 ***150.00

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DOCUMENT # P93000044830

1. Entity Name

ALTIMA INSURANCE, INC.



Principal Place of Business

9223 NW 41 MANOR
CORAL SPRINGS FL 33065
US

Mailing Address

9223 NW 41 MANOR
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

9223 NW 41 Manor
Suite, Apt. #, etc.

3. Mailing Address

9223 NW 41 Manor
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Coral Springs FL
Zip 33065 Country Broward

City & State

Coral Springs FL
Zip 33065 Country Broward

4. FEI Number

65-0423411

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANOBIANCO, FRANCO
9223 NW 41 MANOR
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

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 PD
NAME MANOBIANCO, FRANCO
STREET ADDRESS 9223 NW 41 MANOS
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03 754-368-2959

CR2E034 (10/02)