1/19/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
01-19-2001 90095 041 ***150.00
02-08-2001 90016 029 *****8.75

DOCUMENT # P93000046274

1. Entity Name
FLORIDA INSURANCE ENTERPRISES AGENCY CORP.

Principal Place of Business	Mailing Address
7377 SW 24 ST. MIAMI FL 33155	7377 SW 24 ST. MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0[illegible]499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PACHECO, FELIX
4855 S.W. 93RD COURT
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name CARLOS M. VALLADARES
Street Address (P.O. Box Number is Not Acceptable)
9860 S.W. 166 CT
City MIAMI FL Zip Code 33196

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.

SIGNATURE [signature] PRESIDENT 1/8/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PACHECO, FELIX 4855 SW 93RD CT. MIAMI FL 33165	☑ Delete	PRESIDENT CARLOS M. VALLADARES 9860 S.W. 166 CT MIAMI FL. 33196	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VALLADARES, CARLOS M 9330 SW 45TH TER. MIAMI FL 33165	☑ Delete	VICE-PRESIDENT ANNABEL VALLADARES 9860 S.W. 166 CT MIAMI FL. 33196	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SECRETARY MARILYN VALLADARES 9860 S.W. 166 CT MIAMI FL. 33196	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TREASURER CARLOS M. VALLADARES 9860 S.W. 166 CT MIAMI FL. 33196	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/8/2001 (305) 345-5710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #