

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056064

1. Entity Name

AMERIFIRST INSURANCE GROUP, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90168 001 ***158.75

Principal Place of Business

9999 SUNSET DRIVE
STE 201
MIAMI FL 33126

Mailing Address

8470 SW 83 ST
MIAMI FL 33143-6661

2. Principal Place of Business

2100 PONCE DE LEON BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 750

City & State

CORAL GABLES, FL.

City & State

Zip

Zip

33134

Country

DADE

Country

4. FEI Number

65-0428384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MELISSA MARTINEZ

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

8470 SW 83 ST.

City

MIAMI

FL

Zip Code

33134

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

MELISSA MARTINEZ

Melissa Martinez

1-20-2000

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, 2000 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
P
MARTINEZ, MELISSA
8585 SUNSET DR., SUITE 130
MIAMI FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MARTINEZ, MELISSA
2100 PONCE DE LEON BLVD. STE. 750
CORAL GABLES, FL. 33134 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MARTINEZ, PLACIDO L
8585 SUNSET DR., SUITE 130
MIAMI FL 33143 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Melissa Martinez MELISSA MARTINEZ

Date

Daytime Phone #

CR2E034 (9/99)