

FILED  
Apr 23, 2003 8:00 am  
Secretary of State

04-23-2003 90664 001 \*\*\*150.00  
04-23-2003 90664 002 \*\*\*\*\*8.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000056064

1. Entity Name  
**AMERIFIRST INSURANCE GROUP, INC.**



Principal Place of Business  
7024 SW 87TH AVE  
MIAMI, FL 33173

Mailing Address  
7024 SW 87TH AVE  
MIAMI, FL 33173

55029774

2. Principal Place of Business  
**8585 SUNSET DR.**

3. Mailing Address  
**8585 SUNSET DR.**

Suite, Apt. #, etc.  
**SUITE 120**

Suite, Apt. #, etc.  
**SUITE 120**

City & State  
**MIAMI, FL.**

City & State  
**MIAMI, FL.**

Zip  
**33143**

Country  
**DADE**

Zip  
**33143**

Country  
**DADE**

4. FEI Number  
**65-0428384**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

MARTINEZ, MELISSA  
8470 SW 83 ST  
MIAMI, FL 33143

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PST			
	MARTINEZ, MELISSA	8470 SW 83 STREET	MIAMI, FL 33143	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

(305) 213-7477

Date

Daytime Phone #

CR2EC34 (10/02)