

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State
 02-06-2002 90075 050 ***150.00

DOCUMENT # P93000074070

1. Entity Name
IGNACIO BORBOLLA INSURANCE AGENCY, INC.

Principal Place of Business

**269 GIRALDA AVE.
 #202
 CORAL GABLES FL 33134
 US**

Mailing Address

**269 GIRALDA AVE.
 #202
 CORAL GABLES FL 33134
 US**

2. Principal Place of Business

265 Sevilla Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

US

3. Mailing Address

265 Sevilla Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

US

4. FEI Number

65-0442087

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BORBOLLA, IGNACIO
 269 GIRALDA AVE.
 #202
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

265 Sevilla Avenue

City

Coral Gables

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

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, 2002 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

TITLE ☐ Delete
 NAME **DPV**
 STREET ADDRESS **BORBOLLA, IGNACIO**
 CITY-ST-ZIP **269 GIRALDA, #202**
CORAL GABLES FL

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **BORBOLLA, LETICIA**
 CITY-ST-ZIP **269 GIRALDA, #202**
CORAL GABLES FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **265 Sevilla Avenue**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **265 Sevilla Avenue**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/2002 3054442575

CR2E034 (9/01)