

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/24/01

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90050 013 \*\*\*150.00

**DOCUMENT # P93000080029**

1. Entity Name

**TORAL INSURANCE AGENCY, INC.**

Principal Place of Business

782 HIALEAH DRIVE  
 HIALEAH FL 33010

Mailing Address

762 HIALEAH DRIVE  
 HIALEAH FL 33010

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 **65-0449296**

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

**TORAL, JESUS JR.**  
**762 HIALEAH DRIVE**  
**HIALEAH FL 33010**

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.

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, 2001 Fee will be \$350.00**  
**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 **PVST**  Delete  
 NAME **TORAL, JESUS JR.**  
 STREET ADDRESS **16721 NW 80 CT**  
 CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST**  Change  Addition  
 NAME **TORAL, JESUS JR**  
 STREET ADDRESS **16702 NW 77 PL.**  
 CITY-ST-ZIP **Miami Lakes, FL 33014**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jesus Toral Jr*

1/31/01

(305) 885-0016

DATE Daytime Phone #

CR2E034 (10/00)