

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90183 045 ***150.00

DOCUMENT # P94000002655

1. Entity Name
ESTRADA INSURANCE MARKETING, INC.



Principal Place of Business
**7310 W. MCNAB RD STE 204
TAMARAC FL 33321**

Mailing Address
**7310 W. MCNAB RD STE 204
TAMARAC FL 33321
US**

2. Principal Place of Business
7310 W. McNab Rd.
Suite, Apt. #, etc.
204

3. Mailing Address
7310 W. McNab Road
Suite, Apt. #, etc.
204

City & State
TAMARAC

City & State
TAMARAC

4. FEI Number **65-0459635**

Applied For
Not Applicable

Zip **33321** Country **Florida**

Zip **33321** Country **Florida**

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

6. Name and Address of Current Registered Agent

**ESTRADA, WILFREDO
5708 NW 66TH TERR
TAMARAC FL 33321**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Delete
NAME **ESTRADA, LILLIAN**
STREET ADDRESS **5708 NW 66TH TERR**
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE **P** ☐ Delete
NAME **ESTRADA, WILFREDO**
STREET ADDRESS **5708 NW 66TH TERR**
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE **VP** ☒ Delete
NAME **ESTRADA, MARK DAVID**
STREET ADDRESS **8950 NW 78 CT #310**
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Wilfredo Estrada** **President**

Wilfredo Estrada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03
Date

954-722-3738
Daytime Phone #

0353437 AV

CR2E034 (10/02)