

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90069 004 ***158.75

DOCUMENT # P94000024209

1. Entity Name
INGRID & ASSOCIATES INSURANCE, INC.

Principal Place of Business

102 MAPLEWOOD DR
STE F
WEST PALM EBACH FL 33415
US

Mailing Address

102 MAPLEWOOD DR
STE F
WEST PALM EBACH FL 33415
US

2. Principal Place of Business

1243 READING TERRACE

3. Mailing Address

1243 READING TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State
WELLINGTON FLORIDA

City & State
WELLINGTON FLORIDA

4. FEI Number **65-0486432**

Applied For
Not Applicable

Zip
33414

Country
P.B.

Zip
33414

Country
P.B.

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

DATENA, INGRID
102 MAPLEWOOD DRIVE
W PALM BEACH FL 33415

Name **INGRID DATENA**

Street Address (P.O. Box Number is Not Acceptable)
1243 READING TERRACE

City **WELLINGTON**

FL

Zip Code **33414**

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

Ingrid Catena **INGRID DATENA** **PRESIDENT**

4-16-02

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ **Delete**
NAME **DATENA, INGRID**
STREET ADDRESS **102 MAPLEWOOD DRIVE**
CITY-ST-ZIP **W PALM BEACH FL 33415**

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

TITLE **VP** ☐ **Delete**
NAME **DARINO, ALBA**
STREET ADDRESS **2562 NORTH GARDEN DR. BLK 10 APT. 103**
CITY-ST-ZIP **LAKE WORTH FL**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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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 the empowered.

SIGNATURE:

Ingrid Catena **SIGNED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02 **561 333 2425**

Date

Daytime Phone #

CR2E034 (9/01)