

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90018 033 ***150.00

DOCUMENT # P 95000034967

1. Entity Name

NATIONAL ASSURANCE AGENCY, CORP

Principal Place of Business

Mailing Address

**340 NW 22nd AVE
 MIAMI, FL 33125**

**420 N.W. 22nd AVE
 MIAMI, FL 33125**

2. Principal Place of Business

3. Mailing Address

2303 W. FLAGLER ST
 Suite, Apt. #, etc.

2303 W. FLAGLER ST
 Suite, Apt. #, etc.

City & State
MIAMI, FL 33125

City & State
MIAMI, FL FL 33125

4. FEI Number
6500576276

Applied For
 Not Applicable

Zip Country
33125 USA

Zip Country
33125 USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEON, MARIA E
 6475 SW 130th PL
 UNIT 402
 Miami, Fl 33183**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 LEON, MARIA E
 6475 SW 130th PL Unit 402
 MIAMI, FL 33183**

☐ Delete

TITLE
 NAME
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)