

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000058915**

1. Entity Name **CALL ABOUT INSURANCE, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9668 NW 25 ST.

3. Mailing Address

9668 NW 25 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL

Zip

33172

Country

USA

Zip

33172

Country

4. FEI Number

650634302

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RICARDO J. VALDES

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

9668 NW 25 ST.

City

MIAMI

FL

Zip Code

33172

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 registering agent and title if applicable.

(NOT: Registered Agent signature required when reissuing)

5/3/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **RICARDO J. VALDES**
STREET ADDRESS **9668 NW 25 ST.**
CITY- ST- ZIP **MIAMI, FL. 33172**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

300005677723-5
-06/04/02--01060--06
******300.00 ****300.00**

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all duties empowered.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/02

DATE

Daytime Phone #

CALL ABOUT INSURANCE, INC.
DOC.# P95000058915

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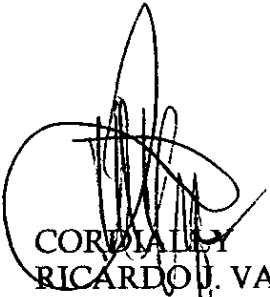
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS I HAVE ENCLOSED THE UBR FORM ALONG
WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE.

I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE
TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS
CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER
AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER
DON'T HESITATE TO CONTACT ME.



CORDIALLY
RICARDO J. VALDES
PRESIDENT