

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90363 004 \*\*\*150.00

**DOCUMENT # P95000073525**

1. Entity Name

**ECONOMIC RISK MANAGEMENT CORP.**

Principal Place of Business

**6770 S.W. 75 TERR.  
 MIAMI FL 33143**

Mailing Address

**6770 S.W. 75 TERR.  
 MIAMI FL 33143**

2. Principal Place of Business

**6770 SW 75th Terr**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami FL**

Zip

**33143**

Country

**Miami-Dade**

Zip

**33143**

Country

**Miami-Dade**

4. FEI Number

**65-0616070**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DOCUMET, JULIO A  
 6770 S.W. 75 TERR.  
 MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

**Raul Downer**

Street Address (P.O. Box Numbers Not Acceptable)

**6780 SW 75th Terr**

City

**Miami**

**FL**

Zip Code

**33143**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOCUMET, RAUL A</b>	
STREET ADDRESS	<b>6770 S.W. 75 TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOCUMET, JULIO A</b>	
STREET ADDRESS	<b>6770 S.W. 75 TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>DIANA NELSON</b>	<input type="checkbox"/> Delete
NAME	<b>VICE PRESIDENT</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>MARIO A. DOCUMET</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIANA NELSON</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Documet Raul</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6780 SW 75th Terr</b>	
STREET ADDRESS	<b>Miami FL 33143</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIANA NELSON</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>vice president</b>	
STREET ADDRESS	<b>6790 SW 75th Terr</b>	
CITY-ST-ZIP	<b>Miami FL 33143</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**27 April 2001**

Date

Daytime Phone #

CR2E034 (10/00)

017774