

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000076357

FILED
Sep 09, 2003
Secretary of State

Entity Name: AZNAREZ INSURANCE AGENCY, INC.

Current Principal Place of Business:

10001 SW 68 ST
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

10001 SW 68 ST
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0612937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZNAREZ, ATTN:NIET
10001 SW 68 ST
MIAMI, FL 33173

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AZNAREZ, ATTN:NIET
Address: 10001 SW 68 ST
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: RIVERO, PETER
Address: 10001 SW 68 ST.
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ATTN:NIET AZNAREZ

PRES

09/09/2003

Electronic Signature of Signing Officer or Director

_____ Date