Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90087 039 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9500090136

1. Corporation Name

UGALDE INSURANCE AGENCY, INC.

Principal	Place of Business	Mailing Address		i reditori pio inini siili naiti anii dalii dali	PEID IBIII ANINI IIAND IIIIN NIII INNI
631NW 45 MIAMI FL		631 NW 45 AVE MIAMI FL 33126		DO NOT WRITE IN T	HIS SPACE
US ·	· 	US		3. Date Incorporated or Qualifed	110 SI AGE
ł				11/22/1995	
2. Princip	pal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0626488	Not Applicable
	Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	-	27		5. Certificate of Status Desired	Fee Required
City &	State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 36	0	Personal Property Tax. 10. Name and Address of New Register	
<u> </u>	9. Name and Address of Current	t Registered Agent	81 NameX	10. Name and Address of New Register	va Again.
ļ	ugalde, ofelia e			ine	
	630 NW 45 AVE		82 Street Ad	idress (P.O. Box Number is Not Acceptable)	
	MIAMI FL 33126	•	83	IN DUTE	
į					
1			84 City	ame F	85 Zip Code
11. Pursi	uant to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	, the above-named co	rporation submits this statement for the purpose	of changing its registered
office agen	e or registered agent, or both, in the State of it. I am familiar with and accept the obligat	of Florida. Such change was autri ions of, Section 607.0505, Florida	a Statutes	ation's board of directors. I hereby accept the ap	
í	Carlo Ulia		<i></i>		20c. 1006
SIGNATI	IRE 1 1/TG 4/JUA-/UA	alde)	resu	dell	700 1777
SIGNATU	Signature, typed or printed name of registered agent		egistered Agent signature requ	ired when reinstating)	10~ 1999
12.	Signeral typed of printed name of positioned agent OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12. TITLE	Signature typed by printed name of population agent OFFICERS AN DP		13. 1.1 TITLE	ired when reinstating)	
12. TITLE	OFFICERS AN DP UGALDE, OFFLIA E	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ired when reinstating)	AND DIRECTORS IN 12
12. TITLE NAME STREET ADD	OFFICERS AN DP UGALDE, OFFLIA E RESS 10412 SW 40 TERR	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating)	AND DIRECTORS IN 12
12. TITLE NAME STREET ADD CITY-ST-ZIP	OFFICERS AN DP UGALDE, OFFLIA E 10412 SW 40 TERR MIAMI FL 33165	D DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating)	AND DIRECTORS IN 12 Change Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP