

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90952 023 ***150.00

DOCUMENT # P95000090136

1. Entity Name

UGALDE INSURANCE AGENCY, INC.

Principal Place of Business

**631 NW 45 AVE
 MIAMI FL 33126
 US**

Mailing Address

**631 NW 45 AVE
 MIAMI FL 33126
 US**

2. Principal Place of Business

10412 SW 40 TER.

3. Mailing Address

10412 SW 40 TER.

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

NONE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33165

Country

USA

Zip

33165

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0626488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

UGALDE, OFELIA E

631 NW 45 AVE

MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

SAME (No Change of Agent)

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

10412 SW 40 TER.

City

MIAMI

FL

Zip Code

33165

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]

(NOTE: Registered Agent signature required when reinstating)

3/22/2002

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	UGALDE, OFELIA E	
STREET ADDRESS	10412 SW 40 TERR	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DIANA	
STREET ADDRESS	10412 SW 40 TERR	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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		<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		
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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] **PRESIDENT**

3/22/2002

221-1117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OFELIA E UGALDE

Date

Daytime Phone #

CR2E034 (9/01)