

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90005 038 \*\*\*550.00

**DOCUMENT # P96000006499**

1. Entity Name

**CORTES UNDERWRITERS INTERNATIONAL, INC.**

Principal Place of Business

**12000 BISCAYNE BLVD.  
 SUITE 207  
 MIAMI FL 33181**

Mailing Address

**12000 BISCAYNE BLVD.  
 SUITE 207  
 MIAMI FL 33181**

2. Principal Place of Business

**6161 Blue Lagoon Dr.  
 Suite, Apt. #, etc. Suite 360  
 City & State Miami, FL  
 Zip 33126 Country USA**

3. Mailing Address

**6161 Blue Lagoon Dr.  
 Suite, Apt. #, etc. Suite 360  
 City & State Miami, FL  
 Zip 33126 Country USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0666535**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CORTES, FERNANDO JR  
 12000 BISCAYNE BLVD.  
 SUITE 207  
 MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

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

**6161 Blue Lagoon Drive  
 Suite 360**

City

**miami**

FL

Zip Code

**33126**

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

**Fernando Cortes, Jr. 7/10/01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 NAME ☐ Delete  
**PTD CORTES, FERNANDO D JR.**  
 STREET ADDRESS **12000 BISCAYNE BLVD, STE 207**  
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
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TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
 STREET ADDRESS **6161 Blue Lagoon Drive, Suite 360**  
 CITY-ST-ZIP **Miami, FL 33126**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/10/01 (305) 261-4770**

CR2E034 (5/01)