

**DOCUMENT #**

P96000012708

1. Entity Name

AAAAA SUN TROPIC INSURANCE SERVICE, INC.

Principal Place of Business

6791 SW 8 ST  
MIAMI, FL 33144

Mailing Address

6791 SW 8ST  
MIAMI, FL 33144

2. Principal Place of Business

6791 SW 8 ST

3. Mailing Address

6791 SW 8ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

MIAMI, FL

City &amp; State

MIAMI, FL

Zip

33144

Country

DADE

Zip

33144

Country

DADE

4. FEI Number

65-0644700

Applied For

Not Applied

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

904-SW 67 AVE  
MIAMI, FL 33144-4761

7. Name and Address of New Registered Agent

Name  
AAAAA SUN-TROPIC-INS.. SERVICE

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

6791 SW 8 ST

City MIAMI

FL

Zip Code  
33144

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 re-registering)

DATE

APRIL 13, 2000

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, 2000 Fee will be \$250.00.**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE DAYAMI QUETGLES 6791 SW 8 ST MIAMI, FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

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 this 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 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

APRIL 13, 2000

Date

Daytime Phone #

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90222 044 \*\*\*150.00

B0083571

DO NOT WRITE IN THIS SPACE