

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

032510 AV

**DOCUMENT # P96000028301**

1. Entity Name

**ASSURANCE ALTERNATIVES, INC.**



Principal Place of Business

**175 FOUNTAINBLEAU BLVD  
2G1  
MIAMI FL 33172  
US**

Mailing Address

**PO BOX 650190  
MIAMI FL 33265-0190  
US**

2. Principal Place of Business

**15210 S.W. 154th Terr.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33187**

Country

**USA**

Zip

Country

4. FEI Number

**65-0707180**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TUNON, LUIS JR  
15210 SW 154 TERRACE  
MIAMI FL 33187**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ PD  
NAME **TUNON, LUIS JR**  
STREET ADDRESS **15210 SW 154 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐ STD  
NAME **TUNON, AYMARA M**  
STREET ADDRESS **15210 SW 154 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **V. Pres. / D**  
STREET ADDRESS **Rene Montegudo**  
CITY-ST-ZIP **8361 SW 32nd St. Miami, FL 33155**

TITLE ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Aymara M. Tunon** 4/15/03 (786) 553-7709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)