

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035882

1. Entity Name

ESTRELLA INSURANCE FRANCHISING CORP.

Principal Place of Business

Mailing Address

3746 WEST FLAGLER STREET
MIAMI FL 33134

3746 WEST FLAGLER STREET
MIAMI FL 33134-1602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS, WARREN
7600 RED ROAD - SUITE 229
MIAMI FL 33143

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.

SIGNATURE

Signature, typed or printed name of registered agent and the # applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	ESTRELLA, NICOLAS	
STREET ADDRESS	3746 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	DP	☐ Delete
NAME	MERILLE, JOSE E	
STREET ADDRESS	3746 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	S	☐ Delete
NAME	MARTINEZ, GISELA E	
STREET ADDRESS	3750 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 supplement 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 address, when other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Seal

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90140 040 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0683473

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)