

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000062193

1. Entity Name

ALEVE INSURANCE SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 20 PM 3:22

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

752 NE 167 Street

Suite, Apt. #, etc.

3. Mailing Address

PO Box 640526

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
North Miami Beach, Florida

4. FEI Number
650681048

Applied For

Not Applicable

Zip
33162

Country
United States

Zip
33164

Country
United States

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street, 4th Floor

City
Miami

FL

Zip Code
33145

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: SPIEGEL & UTRERA, P.A.

SIGNATURE By:

Signature, typed or printed name of registered agent and title, if applicable.

Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when reissuing)

DATE

5/19/08

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD Yves Lebrun
12550 Biscayne Boulevard
North Miami, Florida 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100055189551
05/24/05--01045--010 ***300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S Ulricka F. Lebrun
12550 Biscayne Boulevard
North Miami, Florida 33181

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yves Lebrun, President

DATE

Daytime Phone #

5/19/05