

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064183

1. Entity Name
ASSURANCE PROVIDERS, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90043 045 ***150.00

Principal Place of Business

407 LINCOLN ROAD
SUITE 12-B
MIAMI BEACH FL 33139
US

Mailing Address

407 LINCOLN ROAD
SUITE 12-B
MIAMI BEACH FL 33139
US

2. Principal Place of Business

3. Mailing Address

8555 NW 196 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33015

Country

USA

Zip

33015

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0683290**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUENO, SILVIO G
407 LINCOLN ROAD
SUITE 12-B
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **BUENO, Silvio G**

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

8555 NW 196 St.

City

Hialeah FL

FL

Zip Code

33015

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 **Silvio Bueno, President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/01

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 \$150.00
After MAY 1, 2001 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

TITLE **DPST**
NAME **BUENO, SILVIO G**
STREET ADDRESS **407 LINCOLN RD, STE #12-B**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST**
NAME **BUENO, Silvio G**
STREET ADDRESS **8555 NW 196 St.**
CITY-ST-ZIP **Hialeah, FL 33015**

☒ Change ☐ Addition

TITLE
NAME **Livia Podrazan V.P.**
STREET ADDRESS **8555 NW 196 St.**
CITY-ST-ZIP **Hialeah FL 33015**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/01 305-389-2279

CR2E034 (10/00)