

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066024

1. Entity Name

FLAGLER PLAZA INSURANCE AGENCY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90177 046 ***150.00

Principal Place of Business

Mailing Address

6456 WEST FLAGLER ST.
 MIAMI FL 33144

6456 WEST FLAGLER ST.
 MIAMI FL 33144-3009

2. Principal Place of Business

3. Mailing Address

5840 WEST FLAGLER STREET

5840 WEST FLAGLER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #6

SUITE #6

City & State

City & State

MIAMI-FLORIDA

MIAMI-FLORIDA

Zip

Country

Zip

Country

33144

U.S.A.

33144

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0685185

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, CELESTINO
 6456 WEST FLAGLER ST.
 MIAMI FL 33144

Name

CELESTINO RODRIGUEZ

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

5840 WEST FLAGLER STREET-SUITE #6

City

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

Celestino Rodriguez
 Signature, typed or printed name of registered agent and date if applicable

CELESTINO RODRIGUEZ

(NOTE: Registered Agent signature required when reinstating)

4-25-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RODRIGUEZ, CELESTINO	6456 WEST FLAGLER ST.	MIAMI FL 33144	<input type="checkbox"/>
D	BAJDOR, PETER	6456 WEST FLAGLER ST.	MIAMI FL 33144	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5840 WEST FLAGLER STREET SUITE #6	MIAMI-FLORIDA-33144	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		5840 WEST FLAGLER STREET SUITE #6	MIAMI-FLORIDA-33144	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<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 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:

Celestino Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

DATE

(305) 266-9430

DAYTIME PHONE #

CR2E034 (9/99)