

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90025 049 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000068834**

1. Corporation Name

ULTIMATE INSURANCE, INC.

Principal Place of Business

Mailing Address

15876 SW 137TH AVE
MIAMI FL 33177
US

15876 SW 137 AVE
MIAMI FL 33177
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1996

4. FEI Number

65-0688184

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

PVIG-OTERO, IVONNE
15876 SW 132 AVE
MIAMI FL 33177

10. Name and Address of New Registered Agent

81	Name	Puig-Otero, Ivonne
82	Street Address (P.O. Box Number is Not Acceptable)	15876 SW 137 Ave.
83		Miami, FL 33177
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Ivonne Puig-Otero

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

(NOTE: Registered Agent signature required when reinstating)

4/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVTS	<input type="checkbox"/> DELETE
NAME	PVIG-OTERO, IVONNE	
STREET ADDRESS	15876 SW 132 AVE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.T.S.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Ivonne Puig-Otero		
1.3 STREET ADDRESS	15876 SW 137 Ave		
1.4 CITY-ST-ZIP	Miami, FL 33177		
2.1 TITLE	Vice-President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Imelina A. Santely		
2.3 STREET ADDRESS	15876 SW 137 Ave		
2.4 CITY-ST-ZIP	Miami, FL 33177		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Ivonne Puig-Otero **4/23/99** (205) 259-0680

Date

Daytime Phone #

CR2E034 (11/98)

025633