2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000072459**

1. Entity Name

BARLAZA INSURANCE CORPORATION

Principal Place of Business	Mailing Address
9619 FONTAINEBLEU BLVD SUITE 218 MIAMI FL 33172 US	9619 FONTAINEBLEU BLVD SUITE 218 MIAMI FL 33172-6870 US

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number **65-0689540** — Applied For / Not Applicable
Zip — Country	Zip — Country	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
CORREA, JUAN 9619 FONTAINEBLEAU BLVD SUITE 218 MIAMI FL 33172	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 title if 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 **PSD** NAME **CORREA, JUAN** STREET ADDRESS **2310 S.W. 99TH AVE.** CITY-ST-ZIP **MIAMI FL 33165**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **TD** NAME **CORREA, BLANCA** STREET ADDRESS **2310 S.W. 99TH AVE.** CITY-ST-ZIP **MIAMI FL 33165**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 REQ _JUAN_ CORREA   04-21-00   (305) 207-6940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #