

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**

01 JUL 13 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P960000080719

1. Entity Name

Five Stars Insurance Agency, Inc.

Principal Place of Business

5420 W 16 Ave
Hialeah, FL 33012

Mailing Address

5420 W 16 Ave
Hialeah, FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0699863

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

Daniel, Marten
5420 W 16 Ave
Hialeah, FL 33012

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	VPS	<input type="checkbox"/> Delete
NAME	Daniel, Marten	
STREET ADDRESS	5420 W 16 Ave	
CITY - ST - ZIP	Hialeah, FL 33012	
TITLE	PT	<input type="checkbox"/> Delete
NAME	Daniel, Julio C	
STREET ADDRESS	5420 W 16 Ave	
CITY - ST - ZIP	Hialeah, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

CJA

Marten Daniel

6/5/01

3058223443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13a

13b (Typed Name)

July 11, 2001

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: P96000080719- Five Stars Insurance Agency, Inc.

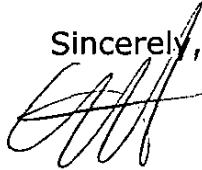
Dear Annual Reports Section:

As per our conversation, enclosed please find this letter, the copy of your letter along with a copy of the uniform business report for the above referenced.

We are kindly requesting that you file the report with the fee of \$150.00 already collected by you due to our non-receipt of the annual renewal forms.

Please feel free to contact me should you need any additional information.

Sincerely,



Marlen Daniel
Vice President
305-469-6650

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