

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90090 038 ***150.00

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AV

DOCUMENT # P97000022031

1. Entity Name

MYCOMP INS AGENCY CORP.



Principal Place of Business

824 NW 183 ST.

MIAMI FL 33169

Mailing Address

824 NW 183 ST.

MIAMI FL 33169

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

65-0733942

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, MARCOS I

4320 NW 196TH ST.

CAROL CITY GARDENS FL 33055

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Certificate Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
RODRIGUEZ, MARCUS I
4320 NW 196 ST
CAROL CITY GARDENS FL 33055

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
RODRIGUEZ, DELIA M
4320 NW 196 ST
CAROL CITY GARDENS FL 33055

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

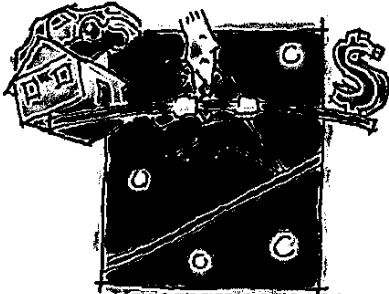
MARCOS I. RODRIGUEZ **MARCOS I. Rodriguez** 8/25/3 305-770-9340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)



AUGUST 22, 2003

Attachment
My Camp 90153262

Insurance Agency Incorporated

824 NW 183rd Street
Miami, FL 33169
Phone: (305) 770-9340
Fax: (305) 770-9390
E-mail: myco@bellsouth.net

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL. 32314

DEAR SIR/MADAM,

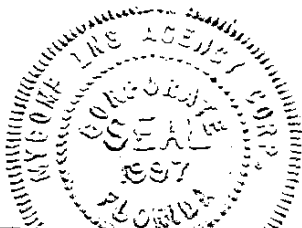
WE NEVER RECEIVED OUR FIRST NOTICE. AFTER A CALL TO YOUR OFFICES WE WERE INSTRUCTED TO COMPOSE A LETTER OF EXPLANATION RETURNED WITH A \$150.00 CHECK TO DIVISION OF CORPORATION AT THE ABOVE ADDRESS.

PLEASE FIND CHECK NUMBER #3646 FOR \$150.00 (ANNUAL RENEWAL OF UBR REPORT FILLING.) DOCUMENT #P97000022031 FEI#65-0733942

THANK YOU FOR YOUR HELP AND COOPERATION.

SINCERELY,

MARCOS I RODRIGUEZ
/PRESIDENT



Private & Commercial Auto - Business - Life - Health - Income Tax Preparation & Prepaid Legal Services