

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

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ADMIRAL INSURANCE, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Principal Place of Business:

16700 NW 27 AVENUE

2. Mailing Address:

345 SW 66 AVENUE

City & State:

MIAMI FL

City & State:

Pembroke Pines FL

Zip:

33056

Country:

USA

Zip:

33023

Country:

USA

4. FPI Number:

65-0764400

Applicable To:

Not Applicable

5. Certificate of Status Desired:

☐ \$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent:

BERNARD DODDO CPA

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

5400 S. UNIVERSITY DRIVE

SUITE 403

City:

DAVIE

FL

33329

8. This officer hereby certifies the accuracy of the information for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of Officer or Director

Not to be signed by Agent or Secretary

9. This corporation is eligible to qualify in future the
For filing requirements and effects to file the
its certificate to qualify
☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election of Corporate Financing
Trust Fund Contribution
☐
☐ \$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

NAME	PSD
NAME	ANGELA R. LAVECCHIA
STREET ADDRESS	345 SW 66 AVENUE
CITY & STATE	PEMBROKE PINES, FL 33023
NAME	VPD
NAME	GUS LAVECCHIA
STREET ADDRESS	345 SW 66 AVENUE
CITY & STATE	PEMBROKE PINES, FL 33023
NAME	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
NAME	
STREET ADDRESS	
CITY & STATE	

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption under Section 249.02(4), Florida Statutes. I further certify that the corporation is the owner of the information and that my signature shall have the same effect as if made under oath and that an officer or director of the corporation with an authorized signature is empowered to execute this report as required by Chapter 249, Florida Statutes, and that my name appears in block 13 of this report.

SIGNATURE

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADMIRAL INSURANCE, INC.
16700 NW 27TH AVENUE
MIAMI, FLORIDA 33056

OCTOBER 24, 2002

UNIFORM BUSINESS REPORT 2002
FLORIDA DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

DEAR SECRETARY OF STATE/FLORIDA:

I AM IN RECEIPT OF THE ADMINISTRATIVE DISSOLUTION PACKAGE FROM YOUR DIVISION. PLEASE BE ADVISED THAT I NEVER RECEIVED THE ORIGINAL FILING FORMS FOR MY 2002 UNIFORM BUSINESS REPORT. I WAS NOT AWARE THAT THIS FORM HAD NOT BEEN FILED UNTIL I RECEIVED THE DISSOLUTION PACKAGE. ACCORDING TO THE INFORMATION THAT I RECEIVED, THERE WERE PRIOR NOTICES WHICH I NEVER RECEIVED BY MAIL OR COURIER. I HAVE CHECKED WITH OUR REGISTERED AGENT, BERNARD DODDO, CPA AND HE HAS ADVISED ME THAT HE HAS RECEIVED NO SUCH NOTICES. PLEASE BE ADVISED THAT I AM CHANGING THE MAILING ADDRESS, AS WE HAVE HAD PROBLEMS WITH THE MAIL IN THE PAST, AT THE STRIP MALL, WHERE THE BUSINESS IS LOCATED.

ENCLOSED PLEASE FIND THE ABOVE MENTIONED FORM, FILLED OUT AS WELL AS A CHECK IN THE AMOUNT OF THE ORIGINAL \$ 150.00 TO RENEW MY CORPORATION. I HAVE SINCE BEEN ADVISED THAT THIS IS AN ANNUAL FORM AND SHOULD BE FILED NO LATER THAN APRIL 30 OF THE CURRENT TAX YEAR. PLEASE ACCEPT MY APOLOGIES. IF THE ORIGINAL FORMS WERE RECEIVED THEY WOULD HAVE BEEN FILED ON A TIMELY BASIS. IF YOU REQUIRE ADDITIONAL INFORMATION, PLEASE CONTACT MY CPA:

BERNARD DODDO, CPA
5400 S. UNIVERSITY DRIVE, # 403
DAVIE, FL 33328
PHONE# 954-680-4818

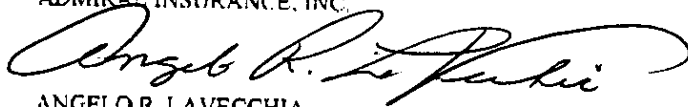
MR. DODDO HAS RECORDS OF ALL OUR CORPORATION PAPERWORK IN HIS FILES. I CAN BE OF FURTHER ASSISTANCE, PLEASE DO NOT HESITATE TO CONTACT ME AT ANYTIME. I WILL BE GLAD TO ASSIST YOU IN ANY MANNER THAT I CAN. I WILL BE GLAD TO ASSIST YOU IN ANY MANNER THAT I CAN. I WILL BE GLAD TO ASSIST YOU IN ANY MANNER THAT I CAN.

ANY INFORMATION THAT YOU MAY HAVE THAT YOU WOULD LIKE TO SHARE WITH ME, I WILL BE GLAD TO RECEIVE IT. I WILL BE GLAD TO RECEIVE IT. I WILL BE GLAD TO RECEIVE IT. I WILL BE GLAD TO RECEIVE IT. I WILL BE GLAD TO RECEIVE IT.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER.

SINCERELY,

ADMIRAL INSURANCE, INC.

A handwritten signature in cursive script, appearing to read "Angelo R. Lavecchia".

ANGELO R. LAVECCHIA
PRESIDENT