

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071419

1. Entity Name

UNITED STATES COMMERCIAL & RESIDENTIAL INSURANCE

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90087 029 ***150.00

Principal Place of Business

Mailing Address

444 BRICKEL AVENUE
SUITE P-14
MIAMI FL 33131

444 BRICKEL AVENUE
SUITE P-14
MIAMI FL 33131-2467

2. Principal Place of Business

3. Mailing Address

260 GLENRIDGE ROAD

260 GLENRIDGE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY BISCAINE FL

City & State

KEY BISCAINE FL

Zip

33149

Country

DADE USA

Zip

33149

Country

USA

4. FEI Number

65-0760549

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

INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

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 DP
NAME JAMES LRL, HENRY
STREET ADDRESS 444 BRICKEL AVENUE, SUITE P14
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE IRL, HENRY JAMES
NAME
STREET ADDRESS 260 GLENRIDGE ROAD
CITY-ST-ZIP KEY BISCAINE FL 33149 ☐ Change ☐ Addition

TITLE D
NAME MONTAYA, ARTURO
STREET ADDRESS 150 WESTWARD DRIVE
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE DS
NAME HOYO, ARTURO
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DT
NAME REQUENA, RODOLFO
STREET ADDRESS 444 BRICKEL AVENUE, SUITE P14
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE D
NAME JOHN PHILLIPS
STREET ADDRESS 260 GLENRIDGE ROAD
CITY-ST-ZIP KEY BISCAINE FL 33149 ☐ Change ☒ Addition

TITLE DS
NAME URBANO, PABLO
STREET ADDRESS 444 BRICKEL AVENUE, SUITE P14
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE DT
NAME JOSE ALBERNI
STREET ADDRESS 260 GLENRIDGE ROAD
CITY-ST-ZIP KEY BISCAINE FL 33149 ☐ Change ☒ Addition

TITLE D
NAME BLAKE, JOHN
STREET ADDRESS 444 BRICKEL AVENUE, SUITE P14
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS 260 GLENRIDGE ROAD
CITY-ST-ZIP KEY BISCAINE FL 33149 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00 3053651855