

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90088 008 ***150.00

DOCUMENT # P97000084531

1. Entity Name
PHOENIX INSURANCE UNDERWRITERS, INC.

Principal Place of Business
2121 PONCE DE LEON BLVD.
500
CORAL GABLES FL 33134
US

Mailing Address
2121 PONCE DE LEON BLVD.
500
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0805859**

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

~~MIRANDA, GONZALO G~~
~~677 S.W. 19TH ROAD~~
~~MIAMI FL 33129~~

Name **MARIA V. MORALES**
 Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD., STE.500
 City **CORAL GABLES,** **FL** Zip Code **33134**

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

(NOTE: Registered Agent signature required when reinstating)

1-14-2002

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, 2002 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 **PD** ☒ Delete
 NAME ~~MIRANDA, GONZALO G~~
 STREET ADDRESS ~~677 S.W. 19TH ROAD~~
 CITY-ST-ZIP ~~MIAMI FL 33129~~

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **MARIA V. MORALES**
 STREET ADDRESS **2121 PONCE DE LEON BLVD., #500**
 CITY-ST-ZIP **CORAL GABLES, FL 33134** ☐ Change ☐ Addition

TITLE **VD** ☐ Delete
 NAME **DANA, ROBERTO E**
 STREET ADDRESS **242 CADIMA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **TD** ☐ Delete
 NAME **GUZMAN, HILDA F**
 STREET ADDRESS **9870 S.W. 35TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *[Signature]* **MARIA V. MORALES** 1/14/2002 (305) 445-3181
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)