

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092966

1. Entity Name

INSURANCE DEPOT AGENCY INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90050 025 ***150.00

Principal Place of Business 1085 EAST 4TH AVENUE. HIALEAH FL 33010	Mailing Address 1085 EAST 4TH AVENUE. HIALEAH FL 33010-4103
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2. Principal Place of Business 1085 E. 4 th AVE	3. Mailing Address
Suite, Apt. #, etc. # 1	Suite, Apt. #, etc.

City & State Hialeah FL	City & State	4. FEI Number 65-0794890	Applied For Not Applicable
Zip 33010	Country Dade.	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MENDOZA, EDGAR 1085 EAST 4TH AVENUE, HIALEAH FL 33010	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 1/27/00
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT MENDOZA, EDGAR 1085 EAST 4TH AVENUE, #3 HIALEAH FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 1/27/00 305-887-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #