2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State
09-11-2002 90080 041 ***150.00

DOCUMENT # P97000095738

1. Entity Name
SHILING & TOLEDO INSURANCE, INC.

Principal Place of Business
~~15412 NW 77TH CT~~
~~MIAMI LAKES FL 33016~~
6471 N.W. 190 Terr
Miami, Fl 33015

Mailing Address
PO BOX 172412
HIALEAH FL 33017

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6471 N.W 190 Terr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State
Zip: 33015 Country: DADE	Zip Country

4. FEI Number 65-0796246 ☐ 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
RIUSECH, EDUARDO	Name
10030 SW 40 STREET, STE. B	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33165	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

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 $550.00
After September 13, 2002 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P SHILING, ESTHER M PO BOX 172412 (N/A) HIALEAH FL 33017	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (4/02)

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 REQUIRED 9-9-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 980009

P.O. Box 172412
Hialeah, Fl 33017 P97000095738
Phone: 305 823-3881
Fax: 305 823-4383

Shiling & Toledo Insurance, Inc.

To: Florida Department of State **From:** Esther Shiling

Ph: **Date:** September 9, 2002.

Re: UBR form 65-0796246 **Pages:**

MEMO:

To Whom It May Concern:

As per my conversation with Tamy in the customer service department, I am sending a memo explaining I did not receive the original invoice of $150. I was advised to send this memo and the $150 due.

If you have any questions, you may call me at (305) 823-3881, or at my cellular phone (305) 607-5392.

Thank you