

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002133

1. Entity Name

APEX INSURANCE AGENCY, INC.

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90016 036 \*\*\*150.00

Principal Place of Business

Mailing Address

2022 NW 178 WAY  
PEMBROKE PINES FL 33029  
US

P.O. BOX 823206-3206  
S. FLORIDA FL 33082  
US

00033200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0803533

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

ARRITOLA, JORGE L  
7500 N.W. 25TH STREET  
SUITE 207  
MIAMI FL 33122

Name

JORGE L - Arritola

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

2022 NW 178 WAY

City

PEMBROKE PINES

FL

Zip Code

33029

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

3/1/2000

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 PD  
NAME ARRITOLA, JORGE L  
STREET ADDRESS 2022 NW 178 WAY  
CITY - ST - ZIP PEMBROKE PINES FL 33029 ☐ Delete

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

TITLE VD  
NAME ARRITOLA, MADELEINE  
STREET ADDRESS 7500 N.W. 25TH STREET  
CITY - ST - ZIP MIAMI FL 33122 ☒ Delete

TITLE  
NAME Requested in 1999  
STREET ADDRESS to delete  
CITY - ST - ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ 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

JORGE L - Arritola

Date

3/1/2000

Daytime Phone #

305-495-4147

CR2E034 (9/99)