FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90430 030 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006233

1. Entity Name
2000 INSURANCE ASSOCIATES OF SO. FL. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15420 SW 74 CIRCLE COURT	
Suite, Apt. #, etc: # 2-103	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33193 Country: USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0807251 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: ALTAGRACIA FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable): 15420 SW 74 CIRCLE COURT # 2-103
City: MIAMI FL Zip Code: 33193

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 x [signature] DATE 4/8/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT/SEC./TREASURER
NAME	ALTAGRACIA FERNANDEZ
STREET ADDRESS	15420 SW 74 CIRCLE COURT UNIT 2-103
CITY-ST-ZIP	MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x [signature] — Date: 04-08-02 — Daytime Phone #: (305) 388-0256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR