

P98000006233

Altagracia Fernandez
Requester's Name

15420 SW 7th Circle, Apt 103
Address

Miami, FL 33193
City/State/Zip

Phone #

400005307514--5

-04/19/02--01011--007

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
02 JUN 25 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☒ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 8, 2002

ALTAGRACIA FERNANDEZ
15420 SW 74TH CIRCLE COURT
UNIT 2-103
MIAMI, FL 33193

SUBJECT: 2000 INSURANCE ASSOCIATES OF SO. FL. INC.
Ref. Number: P98000006233

We have received your document for 2000 INSURANCE ASSOCIATES OF SO. FL. INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The new registered agent list in #5 must sign below accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 602A00024013

RECEIVED
02 JUN 25 AM 9:23
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation : 2000 INSURANCE ASSOCIATES OF SO.
FL. INC.
2. The mailing address of the corporation : 15420 SW 74 CIRCLE COURT
UNIT 2-103, MIAMI, FL 33193
3. Date of incorporation/qualification: 1/21/98 Document number: P98000006233
4. The name and address of the current registered agent and office:
MIRTHA BRANCO
690 NW 124 PL
MIAMI, FL 33182
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
ALTAGRACIA FERNANDEZ Altamira Trinidad
15420 SW 74 CIRCLE COURT # 2-103
MIAMI, FL 33193

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Alfredo R. Carrero

(Signature of an officer, chairman or vice chairman of the board)

4/4/02

(Date)

ALFREDO CARRERO

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Altamira Trinidad

(Signature of Registered Agent)

6/19/02

(Date)

If signing on behalf of an entity:

Altamira Trinidad, president

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***