2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90114 049 ***150.00

DOCUMENT # P98000013243

1. Entity Name
Transportation Insurance Consultants, Inc.

Principal Place of Business
9657 NW South River Drive, #4
Medley, FL 33166

Mailing Address

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

DO NOT WRITE IN THIS SPACE

4. FE Number 65-0817988
Approved For Non-Profit Status

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

6. Name and Address of Current Registered Agent

Alfredo Rodriguez
11111 NW 15 Court
Miami, FL 33167

7. Name and Address of New Registered Agent

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

SIGNATURE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered agent must sign above to accept appointment) 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 $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

TITLE	President
NAME	Alfredo Rodriguez
STREET ADDRESS	1111 NW 15 Court
CITY-ST-ZIP	Miami, FL 33167

☐ Delete

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ Change ☐ Addition

TITLE	Sec./Treasurer
NAME	Leonard Laustra
STREET ADDRESS	1450 NW 112 Street
CITY-ST-ZIP	Miami, FL 33167

☐ Change ☒ Addition

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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☐ Change ☐ Addition

CR2E034 (9/99)

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: Alfredo Rodriguez 4/28/00 (305)883-8517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
ALFREDO RODRIGUEZ, PRESIDENT