

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90021 047 \*\*\*150.00

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**DOCUMENT # P98000024940**

1. Entity Name

**AMERICAN CHOICE INSURANCE AGENCY, INC.**

Principal Place of Business

935 S.W. 87TH AVENUE  
 MIAMI FL 33174

Mailing Address

935 S.W. 87TH AVENUE  
 MIAMI FL 33174



2. Principal Place of Business

7960 SW 8th St

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

Same

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL 33144

City & State

Zip Country

33144

4. FEI Number

65-0820569

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, MICHAEL  
 935 S.W. 87TH AVENUE  
 MIAMI FL 33174

7. Name and Address of New Registered Agent

Name

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

7960 SW 8th St

City

Miami

FL

Zip Code

33144

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

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, 2002 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 P  
 NAME ALAVAREZ, MICHAEL  
 STREET ADDRESS 935 S.W. 87TH AVENUE  
 CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE VP  
 NAME ALAVAREZ, DAVID  
 STREET ADDRESS 935 S.W. 87TH AVENUE  
 CITY-ST-ZIP MIAMI FL 33174 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME Michael Alvarez  
 STREET ADDRESS 7960 SW 8th St  
 CITY-ST-ZIP Miami, FL 33144 ☒ Change ☐ Addition

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

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

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

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

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

2/11/02

Date

305-264-7333

Daytime Phone #

CR2E034 (9/01)