

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

10/2  
**FILED**

03 NOV 14 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024940

1. Entity Name

American Choice Insurance Agency, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7960 SW 8 St.

3. Mailing Address

7960 SW 8 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**REINSTATEMENT**

City & State  
Miami, FL.

City & State  
Miami, FL.

4. FEI Number  
650820569

Applied For  
Not Applicable

Zip  
33144

Country  
USA

Zip  
33144

Country  
USA

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

7. Name and Address of Current Registered Agent

Name  
Daniel Perez

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

7960 SW 8 St.

City  
Miami, FL.

FL Zip Code  
33144

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Daniel Perez

11/7/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Daniel Perez	7960 SW 8 St. Miami FL. 33144	
Vice President	Danay De La Noval	7960 SW 8 St. Miami FL. 33144	

000024704580  
11/14/03--01036--010 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* Daniel Perez

11/7/03

305-441-7912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

20f2

November 10, 2003

**AMERICAN CHOICE INSURANCE AGENCY, INC.**

P98000024940

Division of Corporations

PO Box 6327

Tallahassee, Fl. 32314

As per my conversation with the specialist at the Division of Corporations, AMERICAN CHOICE INSURANCE AGENCY, INC. never received its annual business report probably due to a change of ownership. Therefore, we have submitted with this letter the enclosed UBR. Also enclosed is the appropriate annual fee.

Sincerely,



Jorge Barrios  
Management