

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90163 037 ***150.00

DOCUMENT # P98000026651

1. Entity Name
FINANCIAL INSURANCE BROKERS, INC.



Principal Place of Business
5035 SW 113 AVE
MIAMI FL 33165

Mailing Address
P.O. BOX 1516
CORAL GABLES FL 33114

2. Principal Place of Business

3. Mailing Address

227 Aragon Av
Suite, Apt. #, etc.

P.O. Box 141516
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
CORAL GABLES, FL
Zip
33134
Country
USA

City & State
CORAL GABLES, FL
Zip
33114
Country
USA

4. FEI Number 65-0821998

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE CORCHO, JOSE M
5035 SW 113 AVENUE
MIAMI FL 33165

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DE CORCHO, JOSE M
STREET ADDRESS 5035 S.W. 113TH AVENUE
CITY-ST-ZIP MIAMI FL 33165

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 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

1/14/03 305-442-2340
Date Daytime Phone #

CR2E034 (10/02)