

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90040 008 \*\*\*150.00

**DOCUMENT # P98000036860**

1. Entity Name

**ILEANA CABRERA-RODRIGUEZ INSURANCE AGENCY, INC.**

Principal Place of Business

Mailing Address

4535 PONCE DE LEON BOULEVARD  
 CORAL GABLES FL 33146  
 US

4535 PONCE DE LEON BOULEVARD  
 CORAL GABLES FL 33134-4412  
 US

2. Principal Place of Business

*1925 Ponce de Leon Blvd*

3. Mailing Address

*1925 Ponce de Leon Blvd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Coral Gables FL*

*Coral Gables FL*

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0862849**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

*33134*

Country

*U.S.A*

Zip

*33134*

Country

*USA*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CABRERA-RODRIGUEZ, ILEANA  
*1925* ~~2207~~ PONCE DE LEON BLVD.  
 CORAL GABLES FL ~~33146~~ *33134*

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

*Rodriguez Ileana Cabrera Rodriguez*

*1/4/00*

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.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**D**  
 NAME CABRERA-RODRIGUEZ, ILEANA  
 STREET ADDRESS *1925* 4535 PONCE DE LEON BOULEVARD  
 CITY-ST-ZIP CORAL GABLES FL ~~33146~~ *33134*

TITLE  Change  Addition  
 NAME  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

*Rodriguez Ileana Cabrera Rodriguez*

*1/4/00*

*(305) 529-9966*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)