

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90050 023 \*\*\*150.00

B0020178

DOCUMENT # **P98000039495** ✓  
 1. Entity Name  
**CARTAYA INSURANCE APPRAISERS INC.**

Principal Place of Business Mailing Address  
**10360 SW 137 CT 14629 SW 104 ST**  
**MIAMI, FLA PMB 338**  
**33186 MIAMI, FLA**  
**33186**

2. Principal Place of Business 3. Mailing Address  
**10360 SW 137 CT 14629 SW 104 ST**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**PMB 338**

City & State City & State  
**MIAMI, FLA MIAMI, FLA**  
 Zip Country Zip Country  
**33186 USA 33186 USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
**65-0848713** Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CARTAYA, JUAN CARLOS**  
**14629 SW 104 ST**  
**PMB 338**  
**MIAMI, FLA 33186**

## 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 **JUAN CARLOS CARTAYA** **3-9-01**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature requires an acknowledgment) 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, 2001 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 | NAME                        | STREET ADDRESS         | CITY-ST-ZIP             | <input type="checkbox"/> Delete |
|-------|-----------------------------|------------------------|-------------------------|---------------------------------|
|       | <b>CARTAYA, JUAN CARLOS</b> | <b>10360 SW 104 ST</b> | <b>MIAMI, FLA 33186</b> | <input type="checkbox"/>        |
|       |                             |                        |                         | <input type="checkbox"/>        |
|       |                             |                        |                         | <input type="checkbox"/>        |
|       |                             |                        |                         | <input type="checkbox"/>        |
|       |                             |                        |                         | <input type="checkbox"/>        |
|       |                             |                        |                         | <input type="checkbox"/>        |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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: **JUAN CARLOS CARTAYA** **3-9-01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (11/00)