

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

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90076 013 ***150.00

DOCUMENT # **P98000039495**

1. Entity Name

**CARTAYA INSURANCE
APPRAISERS, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10360 SW 137 CT

3. Mailing Address

14629 SW 104 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

DNDE

Zip

33186

Country

DNDE

4. FEI Number

65-0848713

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JUAN C. CARTAYA

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

14629 SW 104 ST

338

City

MIAMI

FL

Zip Code

33186

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]

Signature of registered agent or principal officer and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

08.10.03

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 **Pres.**
NAME **JUAN C. CARTAYA**
STREET ADDRESS **14629 SW 104 ST. # 338**
CITY-ST-ZIP **MIAMI, FL 33186**

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**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 employees.

SIGNATURE:

[Signature]

08.10.03

Date

305.382.4373

Daytime Phone #

CR2E034B (12/02)

Attachment # 80138238

(Certified Mail # 7000 1530 0003 3300 8638)

Sunday, August 10, 2003

Uniform Business Report c/o Division of Corporations

P.O. Box 1500

Tallahassee, Florida 34302-1500

Re: Cartaya Insurance Appraisers, Inc.

FEI # : 650848713

Document # : P98000039495

To Whom It May Concern:

This letter will follow up my recent telephone conversation with your office regarding not receiving this year's UBR form and/or renewal invoice. As discussed, please wave all late fees.

Attached is a check in the amount of \$150.00, Dollars along with a completed and revised UBR form with the correct mailing address in order to avoid this same problem next year.

I will also diary my file and contact your office in January of 2004, in order to reconfirm my mailing address.

~~Thank you in advance for your assistance and cooperation in this matter.~~

Sincerely,

Juan C. Cartaya
President