

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90196 044 ***158.75

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

DOCUMENT # P98000044562

1. Entity Name

ANDERSON & McNEILL INSURANCE GROUP, INC.

DO NOT WRITE IN THIS SPACE

427807

2. Principal Place of Business

8870 SW 40 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 8

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

4. FEI Number

65-0840922

Applied For

Not Applicable

Zip

33165

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MARITZA M. ROGUE

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

8870 SW 40 ST, Suite 8

City

MIAMI

FL

Zip Code

33165

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

MARITZA M. ROGUE

president

(NOTE: Registered Agent signature required when reinstating)

3/12/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
president
MARITZA MARIE ROGUE
8870 SW 40 ST suite 8
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-president, Sec.
Hector A. ROGUE
8870 SW 40 ST suite 8
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARITZA M. ROGUE

3/12/02 (305) 554-4747

Date

Daytime Phone #

CR2E034B (12/01)