

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048029

1. Entity Name

INSURANCE SOLUTIONS AGENCY, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90412 041 ***150.00

Principal Place of Business

13413 SW 56 ST
MIAMI FL 33175
US

Mailing Address

13411 SW 56 STREET
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0841311**

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

MONDACA, OSMANY
14366 SW 51TH
MIAMI FL 33175

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

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.
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MONDACA, OSMANY**
STREET ADDRESS **14366 S.W. 51ST STREET**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **VD** ☐ Delete
NAME **MONDACA, JENNY**
STREET ADDRESS **14366 S.W. 51ST STREET**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **SD** ☐ Delete
NAME **MONDACA, MARTA R**
STREET ADDRESS **14366 S.W. 51ST STREET**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
80058109

May 12, 2001

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Fl. 32302-1500

RE: Insurance Solutions Agency Inc
Document # P98000048029

To Whom It May Concern:

Please let this letter serve as an apology on behalf of Insurance Solutions for the late filing of this form. The accountant for this business was suddenly hospitalized and remained in possession of all the company's financial documents, thereby delaying our filing. Please find enclosed a check for the late filing fees and thank you in advance for your understanding.

Sincerely,


Osmany Mondaca
President