

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-25-2002 90016 026 ***150.00

DOCUMENT # P98000048029

1. Entity Name

INSURANCE SOLUTIONS AGENCY, INC.

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

13413 SW 56th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

4. FEI Number

65-0841311

Applied For

Not Applicable

Zip

Country

33175

Country

UNITED STATES

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**

OSMANY MONDACA

10507 SW 78th STREET

MIAMI,

FL

33173

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, 2002 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 **OSMANY MONDACA**
 STREET ADDRESS **10507 SW 78th STREET**
 CITY-ST-ZIP **MIAMI, FL 33173**

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
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TITLE ☐ Delete
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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:

OSMANY MONDACA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/02 (305)220-1013

CRF034 (9/01)