

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065026

1. Entity Name

INSURANCE AND INVESTMENT ADVISORS, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90029 026 ***150.00

Principal Place of Business

8500 S.W. 8TH ST.
STE. 240
MIAMI FL 33144

Mailing Address

8500 S.W. 8TH ST.
STE. 240
MIAMI FL 33144-4002

2. Principal of Business

3. Mailing Address

5201 NW 7th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

506W.

City & State

City & State

MIAMI FL

4. FEI Number

65-0145290

Applied For

Not Applied For

Zip

Country

Zip

Country

33144

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

POLLEDO, ELISEO L
8500 S.W. 8TH ST.
STE. 240
MIAMI FL 33144

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, 2000 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
NAME POLLEDO, ELISEO L
STREET ADDRESS 8500 S.W. 8TH ST., STE. 240
CITY-ST-ZIP MIAMI FL 33144

TITLE STD
NAME EXPOSITO, ADRIANA
STREET ADDRESS 8500 S.W. 18TH ST., STE. 240
CITY-ST-ZIP MIAMI FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/D/S.
NAME CASTRO, WILMER
STREET ADDRESS 5201 NW 7th Ste. 506W
CITY-ST-ZIP MIAMI, FL 33144

TITLE
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CITY-ST-ZIP

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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 #