

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084723

1. Entity Name

B &amp; Z INSURANCE CORP.

Principal Place of Business

11695 NW 7TH AVENUE  
MIAMI FL 33168

Mailing Address

11695 NW 7TH AVENUE  
MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

4. FEI Number

65-0216216

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

BARRIOS, LEOPOLDINA  
11695 NW 7TH AVENUE  
MIAMI FL 33168

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 State10. 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

CR2E034 (10/00)

TITLE  Delete  
NAME **PSTD**  
STREET ADDRESS **BARRIOS, LEOPOLDINA**  
CITY-ST-ZIP **17092 NW 16TH STREET**  
**PEMBROKE PINES FL 33028**TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
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CITY-ST-ZIPTITLE  Change  Addition  
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CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  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

PSTD  
LEOPOLDINA  
BARRIOS

4-25-01 305-681-1347

Date Daytime Phone #