

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90086 048 ***150.00

0265153 AV

DOCUMENT # P98000085491

1. Entity Name

ACCREDITED INSURANCE CONSULTANTS CORP.

Principal Place of Business

**4615 NW 72 AVE
 SUITE 119
 MIAMI FL 33166**

Mailing Address

**4615 NW 72 AVE
 SUITE 119
 MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2900 W. 12 Ave

Suite, Apt. #, etc.

12

3. Mailing Address

2900 W. 12 Ave

Suite, Apt. #, etc.

12

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-0917299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, DANIA E

20061 N.W. 55 PL.

OPA LOCKA FL 33055

7. Name and Address of New Registered Agent

Name

Valdes, Dania E.

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

4110 SW 153 Terr

City

Miramar

FL

Zip Code

33027

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

TITLE **P** ☐ Delete
 NAME **VALDES, DANIA E**
 STREET ADDRESS **20061 NW 55 PL**
 CITY-ST-ZIP **OPA-LOCKA FL 33055**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **P. Valdes, Dania E.**
 STREET ADDRESS **4110 SW 153 Terr.**
 CITY-ST-ZIP **Miramar, FL 33027**

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

TITLE ☐ Change ☐ Addition
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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 (9/01)