

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91761 014 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P98000085598</u>			
1. Principal Office <u>Direct Florida Insurance, Inc.</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>1621 SW 11th Street</u> Suite, Apt. #, etc.		3. Mailing Address <u>1621 SW 11th Street</u> Suite, Apt. #, etc.	
City & State <u>MIAMI, Florida</u>		City & State <u>MIAMI, Florida</u>	
Zip <u>33135</u>	Country <u>USA</u>	Zip <u>33135</u>	Country <u>USA</u>
4. ID # <u>650878780</u>		5. Additional Fee Required ☐ \$8.75	
6. Name and Address of Current Registered Agent <u>Amy C. Alfonso</u> <u>1621 SW 11th Street</u> <u>MIAMI FL 33135</u>			
7. Fees January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State 8. Additional Fee ☐ \$5.00 May Be Added to Fees			
10. Officers and Directors			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>PRESIDENT</u> <u>AMADA T. TORRES</u> <u>1621 SW 11th Street</u> <u>MIAMI, FL 33135</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
12. Signature <u>Amada T. Torres</u> <u>AMADA T. TORRES</u> <u>5/1/03</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E0348 (12/02)