

2001 UNIFORM BUSINESS REPORT (UBR)

00101 was

DOCUMENT # **9980000 87308**

1. Entity Name
ASSURANCE ASSOCIATES OF MIAMI III INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 MAY -1 AM 10:18

Principal Place of Business Mailing Address
11353 W FLAGLER ST MIAMI, FL 33172 **SAME AS ABOVE**

2. Principal Place of Business Suite, Apt. #, etc.
SAME AS ABOVE

3. Mailing Address Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0869272** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SALVADOR A. GARCIA 445 NW 116 COURT MIAMI, FL 33172

7. Name and Address of New Registered Agent
Name: **SALVADOR A. GARCIA**
Street Address (P.O. Box Number is Not Acceptable): **445 NW 116 COURT**
MIAMI, FL 33172
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: *Salvador Garcia*
(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.
FILE NOW!! FEE IS \$150.00 After MAY 1, 2001 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. PRESENT OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESTIDENT SALVADOR A. GARCIA 445 NW 116 COURT MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALEXANDRO A. GARCIA 15830 NW 11 ST PENSACOLA PINES, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OSCAR ZULAYA VICE PRESIDENT 5401 NW 79 AVE MIAMI, FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004334298 -- 1 -05/30/01--01052--011 ****300.00 ****300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Salvador Garcia* SECRETARY Date: **04/24/01** Daytime Phone #: **(305) 551-9591**

CR2E034 (11/00)