FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 MAR 16 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000087308

1. Entity Name
ASSURANCE ASSOCIATES OF MIAMI III INC.

W04-8834

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
890 SW 87 AVE #20	890 SW 87 AVE
Suite, Apt. #, etc. #20	Suite, Apt. #, etc. #20
City & State MIAMI, FL	City & State MIAMI FL
Zip 33174 Country DADE	Zip 33174 Country DADE

4. FEI Number 65 0869272

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name SALVADOR A GARCIA

Street Address (P.O. Box Number is Not Acceptable) 445 NW 116 CT

City MIAMI FL Zip Code 33172

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: [signature] 03/10/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P	ALEJANDRO A. GARCIA 890 SW 87 AVE. #20 MIAMI, FL. 33174
VP-S	SALVADOR A GARCIA 890 SW 87 AVE #20 MIAMI, FL 33174

000029811730
03/03/04--01046--002 **300.00

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 03/10/04 (305) 2203024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

ASSURANCE ASSOCIATES OF MIAMI
AUTO • HOME • HOSPITALIZATION • LIFE • BOATS

APRIL, 10, 2003
MIAMI

DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL. 32314

RE: ASSURANCE ASSOCIATES OF MIAMI
890 S.W. 87 AVE # 20
MIAMI, FL. 33174
DOC# P98000087308
FED#65-0869272

ATT: MR. SEAN TONER,

THE PURPOSE OF THIS LETTER IS TO NOTIFY YOU THAT THE LETTER ON APRIL 29, 2002 ASKING FOR CORRECTION WAS NEVER RECEIVE. BUT I WILL BE SENDING THE CHECK FOR $150 FOR THE RENOVATION TODAY. THANK YOU FOR YOUR HELP (INTERNET PROBLEM) AND ATTENTION.

SINCERELY,

ALEJANDRO GARCIA.
PRESIDENT

PLAZA 87 • 890 S.W. 87th Ave. #20 • Miami, Florida 33174 • Tels:(305) 227-1121 • 220-3024 • Fax: (305) 227-2263