

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90132 029 ***150.00

DOCUMENT # P98000091706



1. Entity Name
AMERICAN NATIONAL INSURANCE AND FINANCIAL SERVICES, INC.

Principal Place of Business
**ONE ALHAMBRA PLAZA
SUITE 5
CORAL GABLES FL 33134**

Mailing Address
**ONE ALHAMBRA PLAZA
SUITE 5
CORAL GABLES FL 33134**

90012123



2. Principal Place of Business

One Alhambra Plaza

Suite, Apt. #, etc.

Suite 5

City & State

Coral Gables, Fla.

Zip

33134

Country

U.S.

3. Mailing Address

One Alhambra Plaza

Suite, Apt. #, etc.

Suite 5

City & State

Coral Gables, Fla.

Zip

33134

Country

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0910213**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, MAX A
ONE ALHAMBRA PLAZA
SUITE 5
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

MAX A. ADAMS

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

One Alhambra Plaza Suite 5

City

Coral Gables

FL

Zip Code

33134

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PD** ☐ Delete
NAME **ADAMS, MAX A**
STREET ADDRESS **ONE ALHAMBRA PLAZA, SUITE 5**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/03

Daytime Phone #

305-287-9060

CR2E034 (10/02)