

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P98000099382
1. Entity Name STATEWIDE ASSURANCE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 AM 8:19

Principal Place of Business 7317 S.W. 97 AVE
MIAMI, FL 33173
Mailing Address P.O. BOX 166224
MIAMI, FL 33116-6224

2. Principal Place of Business 7317 S.W. 97 AVE
Suite, Apt. #, etc.
3. Mailing Address P.O. BOX 166224
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL
Zip 33173 Country U.S.A.
City & State MIAMI, FL
Zip 33116-6224 Country U.S.A.

4. FEI Number 59-3544676 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 [Signature] President DATE 09-25-00
(NOTE: Registered Agent signature required when reinstating)

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 \$450.00 61.25
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT LUIS M. GARCIA 11623 SW 90 TERRACE MIAMI, FL 33176
Ania Polanco 7317 SW 97 AVE MIAMI, FL 33173

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT LUIS M. GARCIA 11623 SW 90 TERRACE MIAMI, FL 33176
VICE PRESIDENT
9000003429449-7
-10/19/00--01025--017
*****51.25 *****61.25

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] LUIS M. GARCIA Pres. 09/25/00 540-935-2756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)