

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102945

1. Entity Name

A&M INSURANCE CONSULTANTS, INC.

Principal Place of Business

925 SW 122 AVE
MIAMI FL 33184

Mailing Address

13453 SW 66 TERR.
MIAMI FL 33183

2. Principal Place of Business

3. Mailing Address

925 SW 122nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

Country

Zip

Country

33184 Miami-Dade

4. FEI Number 65-1881452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANCO, ALEJANDRO
13453 SW 66 TERR.
MIAMI FL 33183

Name BLANCO, ALEJANDRO

Street Address (P.O. Box Number is Not Applicable)
925 SW 122nd Ave

City Miami

FL

Zip Code 33184

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]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/08/01

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 \$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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BLANCO, ALEJANDRO
STREET ADDRESS 13453 SW 66 TERR.
CITY-ST-ZIP MIAMI FL 33183

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/01 (201) 485-1113

Date

Daytime Phone #

CR2E034 (10/00)

0232648

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90040 012 ***150.00

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DO NOT WRITE IN THIS SPACE