2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90481 049 ***150.00

DOCUMENT # P99000003934

Entity Name

CPH INSURANCE AND FINANCIAL SERVICES, INC.

A0049352

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
15801 SW 85 ST.	15801 SW 85 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami FL
Zip: 33193 Country: USA	Zip: 33193 Country: USA

4. FEI Number: 65-0886598 ☐ 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
	Name: HERNAN D. OLORTEGUI
	Street Address (P.O. Box Number is Not Acceptable): 15801 SW 85 ST.
	City: Miami **FL** Zip Code: 33193

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: HERNAN D. OLORTEGUI — 3/16/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete	TITLE: P NAME: HERNAN D. OLORTEGUI STREET ADDRESS: 15801 SW 85 ST. CITY-ST-ZIP: Miami, FL 33193 ☐ Change ☐ Addition
☐ Delete	TITLE: NAME: MARTHA P. CALIXTO STREET ADDRESS: 15801 SW 85 ST. CITY-ST-ZIP: Miami, FL 33193 ☐ Change ☐ Addition
☐ Delete	TITLE: NAME: CHRISTIAN H. OLORTEGUI STREET ADDRESS: 15801 SW 85 ST. CITY-ST-ZIP: Miami, FL 33193 ☐ Change ☐ Addition
☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
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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: HERNAN D. OLORTEGUI — 3/16/01 — 8055930880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HERNAN OLORTEGUI — Date — Daytime Phone #

CR2F034 (11/00)