

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005394

1. Entity Name

MIAMI-DADE AUTO AND HOME INSURANCE, INC.

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90919 024 \*\*\*150.00

Principal Place of Business

Mailing Address

ONE S.E. THIRD AVENUE  
SUITE 2250  
MIAMI FL 33131

ONE S.E. THIRD AVENUE  
SUITE 2250  
MIAMI FL 33131-1716

2. Principal Place of Business

3. Mailing Address

814 PONCE DE LEON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

410

City & State

City & State

CORAL GABLES FL

Zip  
33134

Country  
FI

Zip

Country

4. FEI Number

65-0887846

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

IGLESIAS, MANUEL E ESQ.  
ONE S.E. THIRD AVENUE  
SUITE 2250  
MIAMI FL 33131

Name

MANUEL E. IGLESIAS

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

814 PONCE DE LEON BLVD

#410

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME IGLESIAS, MANUEL E  
STREET ADDRESS ONE S.E. THIRD AVENUE SUITE 2250  
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE P/O  
NAME E. TERRY JARAMILLO  
STREET ADDRESS 814 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE S/O  
NAME MANUEL E. IGLESIAS  
STREET ADDRESS 814 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D  
NAME SANDRA ROBBINS  
STREET ADDRESS 814 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

4/28/2000 (305) 461-9990

Date

Daytime Phone #

CR2E034 (9/99)