

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99 0000 1555 7

1. Entity Name

ARANGO INSURANCE, INC.

(R)

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90001 042 ***150.00

Principal Place of Business

Mailing Address

7808 Marbella Creek Ave 7808 Marbella Creek Ave
Tampa FL 33615 Tampa FL 33615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3559064

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

ARANGO, HERMAN G.

7808 Marbella Creek Ave

Tampa FL 33615

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	ARANGO, Herman	
STREET ADDRESS	7808 Marbella Creek Ave	
CITY-ST-ZIP	Tampa FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/2000

Date

Exemption Fee #

CR2E034 (5/00)

DOC# P99000015557

D0078173

ARANGO INSURANCE, INC.
7808 MARBELLA CREEK AVENUE
TAMPA, FL 33615

July 29, 2000

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Report # P99000015557
YEAR 2000

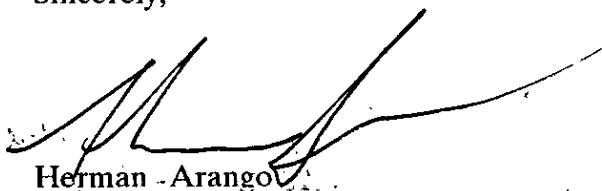
Dear Ladies and gentlemen:

I am writing this letter along with the enclosed form of annual report and a check of \$ 150.00. As you may find in the annual report form, we did not received the form and accordingly, we are submitting the blank forms which is herewith completely filled out

Inasmuch as we did not receive the original form at all, we are respectfully requesting you to accept our filing and to abate any possible filing penalties.

We thank you very much for your consideration in this matter and please feel free to contact me should you have any questions in this matter.

Sincerely,



Herman Arango
Enclosure