DOCUMENT # P99000034015

Entity Name

Colossal Insurance Inc.

Mailing Address

670 E 65 St

Hialeah Fl. 33013

FILED
Jul 07, 2000 8:00 am
Secretary of State
06-05-2000 90049 029 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
670 E. 65 St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, Fl.	City & State
Zip: 33013 Country: DADE	Zip Country

4. FEI Number: 65-0918032 ☐ 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
Barbara I. Santiesteban 670 E. 65 St Hialeah Fl. 33013	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

The corporation is eligible to satisfy its intangible filing requirement and elects to do so. ☑

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: President Barbara I. Santiesteban 670 E. 65 St Hialeah Fl. 33013 ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
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CR2E034 (9/99)

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: Barbara Santiesteban 5-22-00 305-631-6537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #