

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000039289

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: INSURANCE PROFILE SERVICES, INC.

Current Principal Place of Business:

8399 NORTHWEST 66TH STREET
SUITE 8
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

11955 SOUTHWEST 18TH TERRACE
SUITE 6
MIAMI, FL 33175

New Mailing Address:

10710 NORTHWEST 66TH STREET
APT. #213
MIAMI, FL 33178

FEI Number: 65-0915763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: RAMIREZ, ENRIQUE D
Address: 11955 SW 18TH TERRACE #6
City-St-Zip: MIAMI, FL 33175

Title: V () Delete
Name: RAMIREZ, SORAYA
Address: 11955 SW 18TH TERRACE #6
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: RAMIREZ, ENRIQUE D
Address: 10710 NORTHWEST 66TH STREET, APT. #213
City-St-Zip: MIAMI, FL 33178

Title: V (X) Change () Addition
Name: RAMIREZ, SORAYA
Address: 10710 NORTHWEST 66TH STREET, APT. #213
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ENRIQUE D. RAMIREZ

PSTD

05/01/2002

Electronic Signature of Signing Officer or Director

Date