

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90050 006 ***150.00

DOCUMENT # *P99000044794*

1. Entity Name

MARKET INSURANCE SERVICES II, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8260 SW 210 ST

3. Mailing Address

8260 SW 210 ST

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33189

Country

MIAMI-DADE

Zip

33189

Country

MIAMI-DADE

4. FEI Number

65-0922357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LUIS ARENCIBIA

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

8260 SW 210 ST, #105

City

MIAMI

FL

Zip Code

33189

**DO NOT WRITE
IN THIS SPACE**

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

4-30-02

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.** ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE *PRESIDENT*
NAME *LUIS ARENCIBIA*
STREET ADDRESS *8260 SW 210 ST, SUITE 105*
CITY-ST-ZIP *MIAMI, FL 33189*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02

CR2E034B (12/01)