

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90977 012 \*\*\*150.00

**DOCUMENT # P99000047733**

1. Entity Name

**HEAD-BECKHAM AMERINSURANCE, INC.**



Principal Place of Business

**3401 NW 82 AVE  
MIAMI FL 33122**

Mailing Address

**3401 NW 82 AVE  
MIAMI FL 33122**

2. Principal Place of Business

**2500 NW 79th Ave**

3. Mailing Address

**2500 NW 79th Ave**

Suite, Apt. #, etc.

**SUITE 101**

Suite, Apt. #, etc.

**SUITE 101**

City & State

**MIAMI FL**

City & State

**MIAMI, FL**

Zip

**33122**

Country

**DADE**

Zip

**33122**

Country

**DADE**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0930028**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BECKHAM, WILLIAM E**

**3401 NW 82ND AVE 2500 NW 79 AVE. #101**

**MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

**WILLIAM E BECKHAM - PRES.**

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

**2500 NW 79th Ave Suite 101**

City

**MIAMI**

FL

Zip Code

**33122**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*William E Beckham, PRES.*

**2/14/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BECKHAM, WILLIAM E 3401 NW 82 AVE # 300 MIAMI FL 33122-1052	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC FREYRE, ERNESTO 605 OCEAN DR, UNIT 2M KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ-SILVA, ENRIQUE 3401 NW 82 AVE, #300 MIAMI FL 33122-1052	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FREYRE, PEDRO A 8541 SW 72ND TERRACE MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MOLL, CARL H 10060 SHERIDAN ST, APT 109 PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOBSON, MARC 115 E REVO ALTO DRIVE MIAMI FL 33139	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12500 VIRTUDES STREET CORAL GABLES, FL. 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SR. V.P./DIRECTOR FAUSTO ALVAREZ JR P.O. Box 143241 CORAL GABLES, FL. 33114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2500 NW 79th Ave Suite 101 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SR. V.P. ALFREDO ANDRIAL 2818 S.W. 143RD PLACE MIAMI, FL. 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SR. V.P. MICHAEL L. KEEBY 8310 S.W. 63 COURT MIAMI, FL. 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SR. V.P. CARLOS LACASA 2225 S.W. 132CT MIAMI, FL. 33175

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of William E Beckham, PRES.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/14/03**

**305-714-4535**  
**305-714-4400**

CR2E034 (10/02)

# UNIFORM BUSINESS REPORT (UBR)

Attachment

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70019089  
P99000047733  
Page 2 of 2

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MOLL, CARL H 10060 SHERIDAN ST, APT 109 PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSON, MARC 115 E REVO ALTO DRIVE MIAMI FL 33139	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. V.P. PATRICIA MENDOZA 10310 S.W. 90th STREET MIAMI, FL. 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. V.P. OSCAR MINIET P.O. Box 522795 MIAMI, FL. 33152	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. V.P. NORMAN MORRIS 2991 AVIATION AVE MIAMI, FL. 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. V.P. VICTOR PANTIN 7225 SW TERR PINECREST, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. V.P. RAMON A. RODRIGUEZ 9441 SW 148th ST MIAMI, FL. 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECTY-COUNSEL PEDRO FREYRE 8541 S.W. 72ND AVE MIAMI, FL. 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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