2003 FOR PROFIT CORPORATION RT (UBR)

UNIFORM	BUSINESS REPO
DOCUMENT # 1. Entity Name	P99000047733
HEAD-BECKHAM AME	RINSURANCE, INC.



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

1. Entity Na	ECKHAM AMERINSURANCE,	INC.			02-24-2003 90977 012 ***150.00	
	ace of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·			
3401 NW 82		3401 NW 82 AVE			•	
MIAMI FL 3	3122	MIAMI FL 33122			·	
O Dring a in a	O					
250	Place of Business ONW797AE	3. Mailing Address	797 A	£	T SEERSTEIN SOO SOURCE SEURS OORTH OOSTE OOSTE OOSTE OOSTE OOSTE SEURS OF SEURS SEURS SEURS SEURS SEURS SEURS S	
	SUITEIDI	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
	AMI FL	City & State	, FL		4. FEI Number 65-0930028 Applied For Not Applicable	
33	DADE DADE	33122	Country DAC		5. Certificate of Status Desired	
-	6. Name and Address of Current F	legistered Agent	NI		7. Name and Address of New Registered Agent	
RECKHA	M WILLIAM E		Name	VILL	AM E BECKHAM-PRES.	
	BECKHAM, WILLIAM E 3401 NW 82ND AVE 2500 NW 99 AVE. \$\frac{1}{2}\[[0] \]			Address (F	P.O. Box Number is Not Acceptable)	
MIAMI FL	. 33122		2	500	NW797 AVE SUITE 101	
			City		AMI FL Zip Code 733/22	
8. The abov	e named entity submits this statement for	the purpose of changing its r	egistered office	or registere	ad agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent. SIGNATURE Signature, type of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
	FILE NOW!!! FEE IS \$150.00	(1012.		Profes ladolled A	Witer (enstating) DATE	
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	7 -		
NAME	BECKHAM, WILLIAM E		NAME		Change Addition	
STREET ADDRESS	3401 NW 82 AVE # 300		STREET ADDRESS	1 -	DO VIRTUDES STREET	
CITY-ST-ZIP	MIAMI-FL 33122-1052-		CITY-ST-ZIP		M GABLES, FL. 33156	
TITLE	DC	Delete	TITLE	SR	- V · P / DIRECTOR Change Addition	
NAME STREET ADDRESS	FREYRE, ERNESTO		NAME		usto ALVAREZJK	
CITY-ST-ZIP	605 OCEAN DR, UNIT 2M KEY BISCAYNE FL 33149		STREET ADDRESS CITY-ST-ZIP		143241	
TITLE	D			Lon	em Gables, FC. 3314	
NAME	FERNANDEZ-SILVA, ENRIQUE	☐ Delete	TITLE NAME		Change	
STREET ADDRESS	3401 NW 82 AVE, #300		STREET ADDRESS	>5	OD NW79Th ANE SUITE 101	
CITY-ST-ZIP	MI AMI FL 33122-1052		CITY-ST-ZIP	ľ	AMI, FL 33/22	
TITLE	s	☐ Delete	TITLE			
NAME	FREYRE, PEDRO A	_ 5000	NAME	AL	Change Addition Change Addition	
STREET ADDRESS	8541 SW 72ND TERRACE		STREET ADDRESS	26	SIB S.W. 143RD PLACE	
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-ZIP	M	IANI, FL. 33175	
TITLE	VT	☐ Delete	TITLE	I 54	2. V. P. □ Change □ Addition	
NAME CIRCLE ADDRESS	MOLL, CARL H		NAME	Mi	Chael L. KEEBY 310 S.W. 63 COURT	
STREET ADDRESS CITY-ST-ZIP	10060 SHERIDAN ST, APT 109		STREET ADDRESS	8	310 S.W. 63 COURT	
	PEMBROKE PINES FL 33024		CITY-ST-ZIP	_ ^	MANI, FL. 33143	
TITLE NAME	D JACORSON MARC	Delete	TITLE		2. U.P. □ Change ▼ Addition	
	THE STATE OF STREET		MARAE		(/ m	

MIANI, EC. 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. 714-4535

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 115 E REVO ALTO DRIVE

MIAMI:FL 33139

S.W. 132CF

UNIFORM BUSINESS REPORT (UBR rent P99000047733 DOCUMENT # 1. Entity Name Page 20=2 HEAD-BECKHAM AMERINSURANCE, INC. Principal Place of Business Mailing Address 3401 NW 82 AVE 3401 NW 82 AVE MIAMI FL 33122 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address 2500 NW 797 ME 2500 NW 797 ALE Suite, Apt.#, etc. Suite, Apt. #, etc. コレィアモ ☐ CHECK HERE IF MAKING CHANGES SUITELDI City & State 4. FEI Number MIAMI Applied For 65-0930028 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3122 DAGE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECKHAM, WILLIAM E 3401-NW 82ND-AVE 2500 NW79 AVE #10(Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33122 2500 NW797 RE 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SR. V.P Delete TITLE Addition NAME BECKHAM, WILLIAM E NAME PATRICIA MENDOZA 3401 NW 82 AVE # 300 STREET ADDRESS STREET ADDRESS 10310 S.W. 90TA STREET CITY-ST-ZIP MIAMI FL 33122-1052 CITY-ST-ZIP M. ANI, FL. 33/76 TITLE DÇ ☐ Delete SR. V.P. TITLE ☐ Change Addition | NAME FREYRE, ERNESTO NAME OSCAR HINIET STREET ADDRESS 605 OCEAN DR. UNIT 2M STREET ADDRESS P.O. BOX 522795 CITY-ST-ZIP KEY BISCAYNE FL 33149 CITY-ST-ZIP MIAM, FL. DΥ ☐ Delete TITLE Change Addition FERNANDEZ-SILVA, ENRIQUE NAME NORMAN MORRIS STREET ADDRESS 3401 NW 82 AVE, #300 STREET ADDRESS 2991 AUIATION AUE CITY-ST-ZIP MIAMI FL 33122-1052 CITY-ST-ZIP MI AMI, FL. 33133 DS Delete 5.R. V.P TITLE ☐ Change Addition Freyre, Pedro A NAME PALTIN VICTOR STREET ADDRESS 8541 SW 72ND TERRACE STREET ADDRESS 225 SW TERR CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-7IP 33156 ☐ Delete TITLE SR. V.P. Change M Addition MOLL, CARL H RAMON A. RODRAHEZ NAME STREET ADDRESS 10060 SHERIDAN ST, APT 109 STREET ADDRESS 9441 SW 1487 ST MIANI, EC. 35176 SECTY-COURSEL CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY-ST-7/P ☐ Detete TITLE Change ☐ Addition JACOBSON, MARC NAME PEDRO FREYRE STREET ADDRESS 115 E REVO ALTO DRIVE 8541 S.W. 7240 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33139 CITY-ST-ZIP MIAMI, FL. 33143 12. Thereby 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 an address, with all other like empowered 302.21-1535 SIGNATURE: 714-440 6 SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

10.

HILE

TITLE

NAME

TITLE

NAME

TITLE

NAME