

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052929

1. Entity Name

LEBRAN INSURANCE CONSULTANTS, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90158 020 \*\*\*150.00

Principal Place of Business

Mailing Address

2962 N.W. 109 TERR.  
SUNRISE FL 33322

2962 N.W. 109 TERR.  
SUNRISE FL 33322-1859

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

CONTRERAS, JOSEFA  
2962 N.W. 109 TERR.  
SUNRISE FL 33322

Name

Guillermo Contreras

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

2962 NW 109 Terr

City

Sunrise

FL

Zip Code  
33322

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 Guillermo Contreras

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/2000

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

**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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANZALDUA, FAUSTO	
STREET ADDRESS	2962 N.W. 109 TERR.	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MACHADO, FRANCISCO	
STREET ADDRESS	2962 N.W. 109 TERR.	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CONTRERAS, GUILLERMO	
STREET ADDRESS	2962 N.W. 109 TERR.	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, 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 #

FAUSTO ANZALDUA 4-28-2000

CR2E034 (9/99)