2000 MIFORM BUSINESS REPORT (UBR) т# P99000058400 P99000058400 ANY RISK INSURANCE, INC. FILED 00 DEC 18 AM 9: 13 Principal Place of Business Mailing Address BOG2 W SAMPLE RO 8062 W SAMPLE RD CORAL SPRINGS FL 33065 SECRETARY OF STATE CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State Not Applicable \$8.75 Additional Zip Zip Country Country Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASAMAYOURET, MIGUEL Street Address (P.O. Box Number is Not Acceptable) 392 LAUREL DR MARGATE FL 33063 City Zip Code 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) or the contract of the contract o 19. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 inter. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:11 11. Addition 99 TITLE NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition Table Change TITLE Delate NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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 afficer 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:

FLORIDA DEPARTMENT OF STATE POR DIVISION OF CORPORATIONS

2000 UNIFORM BUSINESS REPORT

FILE NOW!
Report Due by May 1, 2000



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P99000058400



Memo

To:

Division or Corporations - Reinstatement Dept

From:

Miguel Casamayouret

Subject:

Any Risk Insurance, Inc. - P99000058400

Date:

November 16, 2000

It is my understanding that my company Any Risk Insurance, Inc. has been administratively dissolved because of non payment of the \$ 150 annual fee.

I think there has been some kind of error.

The annual report for Any Risk Insurance, Inc. was filed by us on April 15, 2000 along with our check # 7568 for \$ 150. The U.S. Post Office return the envelope months after the report was due, chewed up by their machines. Please see copy of evidence enclosed.

We then sent the Division of Corporations another check # 7834 for \$ 150 which was deposited by the Dept of State on July 11, 2000. Please see copy of check enclosed.

I feel that I shouldn't be penalized \$ 400 for an error that the Post Office caused. Please reinstate my company Any Risk Insurance, Inc.

Thank you.

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P99000058400

8062 west sample road coral springs fl 33065 954-753-4400 954-755-5594 (FAX)

DIVISION OF CORPORATIONS PO BOX 1500 TALLAHASSEE FLORIDA 3230241500

TO WHOM IT MAY CONCERN:

PER MY CONVERSATION WITH CAROL,
ATTACHED IS A COPY OF MY PAYMENT FOR MY RENEWEL OF CORP.
I JUST RECIEVED A SECOND NOTICE AND WAS INFORMED BY CAROL
THAT YOU DONT SHOW A CHECK RECIEVED OR PAPERWORK.
I AM SENDING A REPLACEMENT CHECK WITH PROOF THAT A CHECK
AS PER REQUEST OF CAROL APPERENTLY MY PAPER WORK WAS LOST.

THANK_YOU

MIGUEL CASAMAYOURET