

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058400

1. Entity Name  
ANY RISK INSURANCE, INC.

Principal Place of Business  
8062 W SAMPLE RD  
CORAL SPRINGS FL 33065

Mailing Address  
8062 W SAMPLE RD  
CORAL SPRINGS FL 33065

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

6509 28603

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

CASAMAYOURET, MIGUEL  
392 LAUREL DR  
MARGATE FL 33063

Name

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

City

FL

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)

DATE

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MIGUEL CASAMAYOURET	392 LAUREL DR	MARGATE FL 33063	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-15-00 duplicate

pg 1 of 4  
REJECTED  
07-11-2000 90175 014 \*\*\*150.00  
P99000058400

FILED

00 DEC 18 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

R2E034

P99000058400

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# Memo

**To:** Division of 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.

P99000058400

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

DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE FLORIDA 32302-1500

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

