

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065037

1. Entity Name

PROFESSIONAL CASUALTY INSURANCE AGENCY, INC. ✓

Principal Place of Business

9212 SW 73RD AVENUE ROAD  
PINECREST FL 33156

Mailing Address

9212 SW 73RD AVENUE ROAD  
PINECREST FL 33156

2. Principal Place of Business

9212 S.W. 73 Rd. Ave.

3. Mailing Address

9212 S.W. 73 Rd. Ave.

Suite, Apt. #, etc.

City & State

Pinecrest, Florida

City & State

Pinecrest, Florida

Zip

33156

Country

U.S.A

Zip

33156

Country

U.S.A

4. FEI Number

65-0936628

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VARAS, MANNY ANGELO  
9212 SW 73RD AVENUE ROAD  
PINECREST FL 33156

7. Name and Address of New Registered Agent

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 D ☐ Delete  
NAME VARAS, MIRTHA  
STREET ADDRESS 240 COSTANERA ROAD  
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE D ☐ Delete  
NAME VARAS, MANNY ANGELO  
STREET ADDRESS 240 COSTANERA ROAD  
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**NOT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manny A. Varas

Date

7/13/00 (305) 740-9787

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 15/00