


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90001 040 ***550.00

DOCUMENT # <u>PA9000089005</u>	
1. Entity Name INSURANCE INNOVATIONS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3200 NE 14 STREET	3. Mailing Address 3200 NE 14 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

40101661

DO NOT WRITE IN THIS SPACE

City & State POMPANO BEACH, FLORIDA	City & State POMPANO BEACH, FLORIDA	4. FEI Number 650956652	Applied For <input type="checkbox"/> Not Applicable
Zip 33062	Country BROWARD	Zip 33062	Country BROWARD

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JORGE OROZCO

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

8819 S. ISLES CIRCLE

City TAMARAC

FL

Zip Code
33321

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 the obligations of registered agent.

SIGNATURE

(Signature)
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR O'NEAL, DANIEL 2760 NE 23RD PLACE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT OROZCO, JORGE 8819 SOUTH ISLES CIRCLE TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-06

Date

Daytime Phone #

CR2E034B (12/02)