2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State
07-18-2000 90087 047 ***150.00

B0102963

DOCUMENT # 99000098979

1. Entity Name
ANCHOR INSURANCE GROUP INC

Principal Place of Business	Mailing Address
13311 SW 42nd Street Miami FL 33175	13311 SW 42nd Street Miami FL 33175

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 0960408 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DEL VALLE RAFAEL L
13311 SW 42nd Street
Miami FL 33175

7. Name and Address of New Registered Agent
Name DEL VALLE NURIA
Street Address (P.O. Box Number is Not Acceptable) 13311 SW 42nd Street
City Miami FL Zip Code 33175

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 Nuria Del Valle 07/12/00 Nuria Del Valle 04/20/00
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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T/D DEL VALLE RAFAEL L 13311 SW 42nd Street Miami FL 33175	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PINEDA SILVIA M 13311 SW 42nd Street Miami Fl 33175	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S/T/D DEL VALLE NURIA 13311 SW 42nd Street Miami FL 33175	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Nuria Del Valle NURIA DEL VALLE V/P 07/12/00 04/20/00 (305)220-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #