

# 2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # 99000098979

1. Entity Name

Anchor Insurance Group

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 AM 10:41

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65 0960408

X

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Aristides R. Arrondo  
13311 SW 42 Street  
Miami, Florida 33175

7. Name and Address of New Registered Agent

Name Esteban Fagundo

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

13311 SW 42 Street

City Miami

FL

Zip 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

*Esteban Fagundo*

10/26/00

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Pineda Silvia M	
STREET ADDRESS	13311 SW 42 Street	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	VP/S/T/D	<input checked="" type="checkbox"/> Delete
NAME	Aristides R. Arrondo	
STREET ADDRESS	13311 SW 42 Street	
CITY-ST-ZIP	Miami, FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/VP/S/T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Esteban Fagundo	
STREET ADDRESS	13311 SW 42 Street	
CITY-ST-ZIP	Miami, FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Esteban Fagundo*

Esteban Fagundo

10/26/00 305-220-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)