

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098979

1. Entity Name

ANCHOR INSURANCE GROUP, INC.

Principal Place of Business

~~48311 SW 42ND STREET~~
~~MIAMI FL 33175~~

Mailing Address

~~13311 SW 42ND STREET~~
~~MIAMI FL 33175~~

2. Principal Place of Business

6350 SW 26 ST

3. Mailing Address

6350 SW 26 ST

Suite, Apt. #, etc.

MIAMI, FL

Suite, Apt. #, etc.

MIAMI, FL

City & State

City & State

Zip 33155

Country

Zip 33155

Country USA

4. FEI Number

65-1064982

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

FAGUNDO, ESTEBAN

~~13311 SW 42ND STREET~~
~~MIAMI FL 33175~~

Name

Esteban Fagundo

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

6350 SW 26 ST

City

MIAMI

FL

Zip Code

33155

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeletePVST
FAGUNDO, ESTEBAN
~~13311 SW 42ND STREET~~
~~MIAMI FL 33175~~TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteD
FAGUNDO, ESTEBAN
~~13311 SW 42ND STREET~~
~~MIAMI FL 33175~~TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition6350 SW 26 ST
MIAMI, FL 33155TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition6350 SW 26 ST
MIAMI, FL 33155TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

786-268-4262

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)