

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099693

1. Entity Name

MAI INSURANCE SERVICES, INC.

Principal Place of Business

C/O NICOLAS FERNANDEZ, P.A.
780 N.W. LE JEUNE ROAD SUITE 324
MIAMI FL 33126

Mailing Address

C/O NICOLAS FERNANDEZ, P.A.
780 N.W. LE JEUNE ROAD SUITE 324
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0966185

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
780 N.W. LE JEUNE ROAD
SUITE 324
MIAMI FL 33126

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 \$150.00
After MAY 1, 2001 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	DPS IGLESIAS, MARIA 15807 SW 102 LANE MIAMI FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

1-20-2001 305-442-9507

Date

Daytime Phone #

CR2E034 (10/00)

014

Attachment
CO015B92
CO015 897

**WRITTEN CONSENT OF THE SHAREHOLDERS AND DIRECTORS OF
MAI INSURANCE SERVICES, INC., A FLORIDA CORPORATION
IN LIEU OF AN ANNUAL MEETING**

The undersigned, constituting the Shareholders and the members of the board of Directors of **MAI INSURANCE SERVICES, INC.**, a Florida corporation (hereinafter referred to as the "Corporation"), hereby adopt the following resolutions in lieu of holding an annual meeting, pursuant to the terms of Section 607.0704 and 607.0821 of the Florida Statutes:

RESOLVED, that the actions of the Officers and Directors of the Corporation in the course of their conduct on behalf of the Corporation during the last year are hereby confirmed, ratified and approved as the acts of the Corporation.

RESOLVED, that the following individuals are elected to serve as members of the board of Directors of the Corporation until the next annual meeting of shareholders or until their successors are duly elected, qualified and seated:

MARIA IGLESIAS

RESOLVED, that the following individuals are elected to serve as officers of the Corporation in the capacity that appears next to their names below, until the next annual meeting of directors or until their successors are duly elected, qualified and seated:

MARIA IGLESIAS - President
MARIA IGESIAS - Secretary

RESOLVED, that the Shareholders hereby waive the Corporation's requirement under Florida Statute Section 607.1620 regarding annual financial statements, therefore, the Corporation is not required to prepare and furnish its Shareholders with a copy of its annual financial statements.

IN WITNESS WHEREOF, the undersigned Shareholders and Directors of **MAI INSURANCE SERVICES, INC.**, have executed this 26 day of January, 2001.

SHAREHOLDER(S):

Maria Iglesias

MARIA IGLESIAS

DIRECTOR(S):

Maria Iglesias

MARIA IGLESIAS