

# 2001 UNIFORM BUSINESS REPORT (UBR).

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90141 044 \*\*\*158.75

DOCUMENT # S00609

1. Entity Name

A ABACUS MR. AUTO INSURANCE OF HOMESTEAD, INC.

Principal Place of Business

28726 SO DIXIE HWY  
HOMESTEAD FL 33033  
US

Mailing Address

28726 SO DIXIE HWY  
HOMESTEAD FL 33033  
US

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 65-0241705

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

HARLEY, BRENEYD  
28726 S DIXIE HWY  
HOMESTEAD FL 33033

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

*Brenedy Harley* *Brenedy Harley* *President* *4-18-01*  
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 P ☐ Delete  
NAME HARLEY, BRENEYD  
STREET ADDRESS 1698 SUNRISE BLVD.  
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE ☒ Change ☐ Addition  
NAME 30320 SW 149 AVE  
STREET ADDRESS Homestead, FL 33033  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME ACOSTA, OSCAR E  
STREET ADDRESS 30311 SW 149 AVE  
CITY-ST-ZIP LEISURE CITY FL 33033

TITLE ☒ Change ☒ Addition  
NAME Michael G. Harley  
STREET ADDRESS 30320 SW 149 AVE  
CITY-ST-ZIP Homestead, FL 33033

TITLE ST ☐ Delete  
NAME ACOSTA, OSCAR E  
STREET ADDRESS 30311 SW 149 AVE.  
CITY-ST-ZIP LEISURE CITY FL 33033

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Brenedy Harley* *Brenedy Harley* *President* *4-18-01* *305 246-2200*

CR2E034 (10/00)