

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S29186

1. Entity Name

ASSURANCE ASSOCIATE OF MIAMI, INC.

Principal Place of Business

890 S.W. 87TH AVE., SUITE 20  
MIAMI FL 33174

Mailing Address

890 S.W. 87TH AVE., SUITE 20  
MIAMI FL 33174

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 65-0246146

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

GARCIA, ALEJANDRO A.  
890 S.W. 87TH AVE., SUITE 20  
MIAMI FL 33174

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 ☐ Delete  
NAME P  
STREET ADDRESS GARCIA, ALEJANDRO A.  
CITY-ST-ZIP 890 S.W. 87TH AVE., SUITE 20  
MIAMI FL 33174

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS GARCIA, SALVADOR A  
CITY-ST-ZIP 890 S.W. 87TH AVE STE 20  
MIAMI FL 33174

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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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

04/19/01 (305) 227-1121  
Date Daytime Phone #

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90007 020 \*\*\*150.00

643280



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment  
Doc # 829186  
Stamp # 643280

IN THE CIRCUIT COURT IN AND  
FOR BROWARD COUNTY FLORIDA

CIVIL DIVISION

Case No.: 00-15307 CACE (07)

FLORIDA BAR NO.: 864099

Bristol West Insurances  
Services, Inc. of Florida,  
Plaintiff,

v.

STIPULATION FOR PAYMENT  
JUDGMENT UPON DEFAULT

Assurance Associate of  
Miami, Inc. and Assurance  
Associates of Miami III,  
Inc.,  
Defendant.

01 MAR 12 PM 3:30

This cause having come before the court on the stipulation of the parties and defendant having admitted the indebtedness and having agreed to the entry of this Stipulation for Payment and the court being fully advised in the premises, approves the agreement. Therefore it is ordered and adjudged that:

1. Plaintiff, Bristol West Insurances Services, Inc. of Florida is entitled to a judgment in the sum of \$52,483.88 plus \$240.00 court costs making a total of \$52,723.88.

2. Entry of this judgment is stayed, provided defendants make an initial payment of a minimum of \$2,000.00 on or before February 10, 2001 and additional payments of a minimum of \$2,000.00 to be paid on or before the 10th day of each month thereafter so that the total stated in paragraph one is satisfied on or before August 10, 2002.

3. Due to the fact that the balance in Paragraph 1 may change slightly, adjustments will be credited and or deducted prior to the

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amp # 043280

payment due on or before August 10, 2002.

4. Payments are to be made by mail or delivery to Corinne B. Rosner, Trust Account, at the following address: 6950 Cypress Road, Suite 101, Plantation, Florida 33317. Any change shall be given in writing by filing the original in the office of the Clerk of the Court and shall show that a copy has been furnished to the defendants.

5. Defendants current mailing address is: 890 SW 87th Avenue, Suite 20, Miami, Florida 33174. Any change of address shall also be given in writing in the same manner described in paragraph three.

6. Failure by defendants to comply with these provisions shall entitle plaintiff to:

- (a) File affidavit of non-payment, specifying the amount paid and the remaining balance due.
- (b) Furnish a copy (serve) of the affidavit, to defendant(s) by mail or delivery.
- (c) Upon serving and filing said affidavit, a judgment may issue after 10 days if defendant does not serve and file objection within that time to the amounts stated paid and due plus interest and attorney fees.

Assurance Assoc. of Miami, Inc.  
Assurance Assoc. of Miami III,  
Inc.  
Defendants  
890 SW 87th Avenue, Suite 20  
Miami, Florida 33174  
(305) 227-1121

CORINNE B. ROSNER, P.A.  
Attorney for Plaintiff  
6950 Cypress Road, Suite 101  
Plantation, Florida 33317  
(954) 792-5400

By: Alejandro Garcia  
Alejandro Garcia, President

By: Corinne B. Rosner  
CORINNE B. ROSNER

Date: 3/9/01

Date: 3/9/01

DONE and ORDERED in Chambers at Fort Lauderdale, Broward County, Florida  
this 27 day of March, 2001.

Copies Furnished Counsel

JOHN A. MILLER, JUDGE

JOHN A. MILLER, Circuit Court Judge

A TRUE COPY