

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S71189

1. Entity Name

POLARIS REINSURANCE INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90015 024 ***150.00

Principal Place of Business

Mailing Address

7699 BISCAYNE BOULEVARD
 MIAMI FL 33138
 US

7699 BISCAYNE BOULEVARD
 MIAMI FL 33138-5108
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0401313

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~ORDONEZ, JUAN B~~

~~7699 BISCAYNE BOULEVARD~~
~~MIAMI FL 33138~~

DELETE
 ←

Name

FELIPE M. PALACIO

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

7699 BISCAYNE BLVD

City

Miami

FL

Zip Code

33138

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME P
 STREET ADDRESS PALACIO, FELIPE M
 CITY-ST-ZIP 7699 BISCAYNE BOULEVARD
 MIAMI FL 33138

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

TITLE ☐ Delete
 NAME S
 STREET ADDRESS METZGER, CHARLES
 CITY-ST-ZIP 3445 CHESTNUT
 DORAVILLE GA 30340

TITLE ☒ Change ☐ Addition
 NAME S
 STREET ADDRESS METZGER, CHARLES
 CITY-ST-ZIP 2102 NW 5th. AVE.
 BOCA RATON, FL 33486

TITLE ☐ Delete
 NAME T
 STREET ADDRESS REYES, ARMANDO
 CITY-ST-ZIP 6022 SW 133 PL
 MIAMI FL 33183

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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

FELIPE M. PALACIO **FELIPE M. PALACIO** 04/25/00 (305) 754-3633
 Date Daytime Phone #