2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

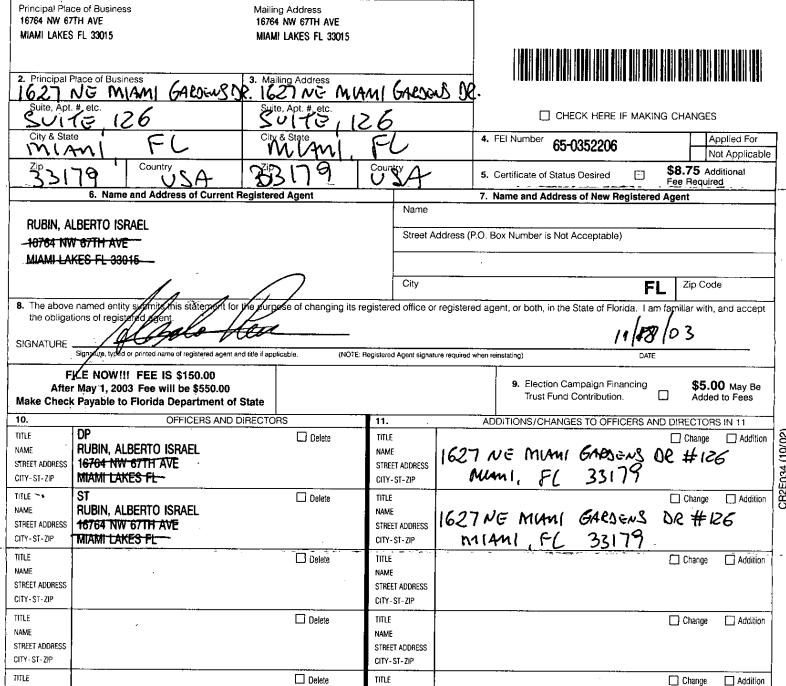
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. Entity Name DOLPHIN INSURANCE :	AGENCY OF MIAMI LAKES, INC.	



CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplier indicated on this report or supplemental experience. with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in true and accordate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or truste changed, or on an attachment with

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP .

STREET ADDRESS

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition