

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90096 010 ***200.00

DOCUMENT # V47866

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



Principal Place of Business
**16764 NW 67TH AVE
MIAMI LAKES FL 33015**

Mailing Address
**16764 NW 67TH AVE
MIAMI LAKES FL 33015**



2. Principal Place of Business

1627 NE MIAMI GARDENS DR.

3. Mailing Address

1627 NE MIAMI GARDENS DR.

Suite, Apt. #, etc.

SUITE 126

Suite, Apt. #, etc.

SUITE 126

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33179

Country

USA

Zip

33179

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0352206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RUBIN, ALBERTO ISRAEL

~~**16764 NW 67TH AVE**~~

~~**MIAMI LAKES FL 33015**~~

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/18/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	RUBIN, ALBERTO ISRAEL	
STREET ADDRESS	16764 NW 67TH AVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RUBIN, ALBERTO ISRAEL	
STREET ADDRESS	16764 NW 67TH AVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1627 NE MIAMI GARDENS DR #126	
STREET ADDRESS	MIAMI, FL 33179	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1627 NE MIAMI GARDENS DR #126	
STREET ADDRESS	MIAMI, FL 33179	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

11/18/03 305-558-6048

Date

Daytime Phone #

CR2E034 (10/02)