

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V62588

1. Entity Name
F.P.A. & ASSOCIATES INSURANCE, INC.

FILED
May 19, 2002 8:00 am
Secretary of State
05-19-2002 90208 018 ***150.00

Principal Place of Business

P.O. BOX 523244
MIAMI FL 33152-3244
US

Mailing Address

P.O. BOX 523244
MIAMI FL 33152-3244
US



2. Principal Place of Business

5456 SAMPLE Rd.
Suite, Apt. #, etc.

3. Mailing Address

5456 SAMPLE Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MARGATE, FLORIDA

City & State

MARGATE, FLORIDA

4. FEI Number

65-0360064

Applied For

Not Applicable

Zip

33073

Country

US

Zip

33073

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERATA, FILIPPO G.
290 W PARK DR #202
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

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

4950 FISHERMAN'S DR.

APT C

City

COCONUT CREEK

FL

Zip Code

33063

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, 2002 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

TITLE D ☐ Delete
NAME PERATA, FILIPPO G.
STREET ADDRESS 290 W PARK DR #202
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME PERATA, MARIA
STREET ADDRESS 290 W PARK DR #202
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4950 FISHERMAN'S DR. - apt. C
CITY-ST-ZIP COCONUT CREEK, FLORIDA 33063

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4950 FISHERMAN'S DR. - apt. C
CITY-ST-ZIP COCONUT CREEK, FLORIDA 33063

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

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

TITLE ☐ Change ☐ Addition
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:

MARIA PERATA

4-27-02 (954) 935-5601

Date

Daytime Phone #

CR2E034 (9/01)