

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000037426

Entity Name: ALARIS INSURANCE INC

Current Principal Place of Business:

3436 WEST 97 PLACE
HIALEAH, FL 33018

Current Mailing Address:

3436 WEST 97 PLACE
HIALEAH, FL 33018

FEI Number: 84-1731394

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARISTIZABAL, ALBA
3436 WEST 97 PLACE
HIALEAH, FL 33018 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name ARISTIZABAL, ALBA
Address 3436 WEST 97 PLACE
City-State-Zip: HIALEAH FL 33018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALBA ARISTIZABAL

DIRECTOR

04/29/2020

Electronic Signature of Signing Officer/Director Detail

Date