

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081568

1. Entity Name

e2insurance.com, Inc.

Principal Place of Business

Mailing Address

600 Brickell Ave.
Suite 300i
Miami, FL 33131

(same)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Alfonso, Cayetano
600 Brickell Ave.
Suite 300i
Miami, FL 33131

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.

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
Alfonso, Cayetano
600 Brickell Ave., Suite 300i
Miami, FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
8000003361828-
-08/18/00--01039--017

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SP

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

(Cayetano Alfonso)

Date

(305) 375-8434

Daytime Phone #

PA 192

FILED

00 AUG -9 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

082E034 (9/99)

MIAMI INTERNATIONAL INSURANCE AGENCY

600 Brickell Avenue

Suite 300i

Miami, Florida 33131

(305) 375-8434

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

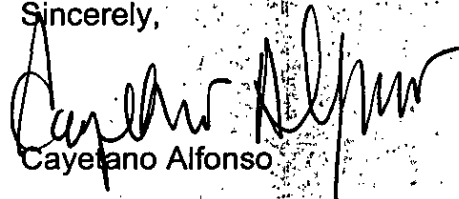
**Re: Miami International Insurance Agency, Inc.
e2insurance.com, Inc.
Cayetano Alfonso, P.A.**

Dear Sir/Madam:

Please be advised that I did not receive the 2000 Annual Reports from your office for the corporations listed above and I am therefore submitting the attached copies for filing.

Please waive the penalty fee since I did not receive the reports from your office.

Sincerely,



Cayetano Alfonso

Attachments