

COMPLAINT/ARREST AFFIDAVIT

OBYS NUMBER: _____ POLICE CASE NO. **15-782**

SPECIAL OPERATION: FELONY MISD TRAFFIC JUV DV MOVES CIV INF. WARRANT FUGITIVE WARRANT: In state Out of state

JAIL NO. **50020300** PMHD: Yes No Unknown COURT CASE NO. **F15 202 70**

IDS NO. _____ AGENCY CODE **080** MUNICIPAL P.D. DEF. ID NO. _____ MDRP RECORDS AND ID NO. _____ STUDENT ID NO. _____ GANG ACTIVITY RELATED ARREST: FRAUD RELATED ARREST:

DEFENDANT'S NAME (LAST, FIRST, MIDDLE) **SIGLER, ANGELICA MARIE** ALIAS and / or STREET NAME _____ SIGNAL: 100 150 200 300 400 800

DOB (MM/DD/YYYY) **05/11/1971** AGE **44** RACE **W** SEX **F** Hispanic Not Hispanic ETHNICITY: **Cuban** HEIGHT **64** WEIGHT **210** HAIR COLOR **MEX** HAIR LENGTH **SHT** HAIR STYLE **STR** EYES **BR** GLASSES Yes No FACIAL HAIR **NO** TEETH **NOR**

SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) **Tattoo on left chest** PLACE OF BIRTH (City, State/Country) **Florida**

LOCAL ADDRESS (Street, Apt. Number) **6627 NW 174th Lane** (City) **Hialeah** (State) **Florida** (Zip) **33015** PHONE: **(305) 332-2793** CITIZENSHIP **USA**

PERMANENT ADDRESS (Street, Apt. Number) HOMELESS UNKNOWN (City) (State/Country) (Zip) PHONE: () OCCUPATION: **Owner**

Same as above

BUSINESS OR: SCHOOL NAME AND ADDRESS (Street) (City) (State/Country) (Zip) PHONE: () ADDRESS SOURCE: DL Verbal

MOISTURE RID. (SAME AS ABOVE) **(305) 332 2793**

DRIVER'S LICENSE NUMBER / STATE _____ SOCIAL SECURITY NO. _____ WEAPON SEIZED? Type: Yes No If Def. has Concealed Weapons Permit: Yes No PERMIT # Y- _____ INDICATION OF: Y N UNK Alcohol Influence: Drug Influence:

ARREST DATE (MM/DD/YYYY) **09/29/2015** ARREST TIME (HHMM) **8:02 AM** ARREST LOCATION (include name of business) **TGK** GRID _____

CO-DEFENDANT NAME (Last, First, Middle) _____ DOB (MM/DD/YYYY) _____ IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR

CO-DEFENDANT NAME (Last, First, Middle) _____ DOB (MM/DD/YYYY) _____ IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR

CO-DEFENDANT NAME (Last, First, Middle) _____ DOB (MM/DD/YYYY) _____ IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR

JUV only Parent (Name) _____ (Street, Apt. Number) (City) (State/Country) (Zip) (Phone) _____ Contacted? Yes No Guardian Foster Care

CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL OF SECT	CODE OF	UOR	DV	WARRANT TYPE OR TRAFFIC CITATION
1. ORG. SCHEME TO DEFRAUD (2nd Degree)	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD	1	817.034 (4)(a)					<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> DW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT. CASE #:
2. GRAND THEFT (3rd Degree)	<input type="checkbox"/> F.S. <input checked="" type="checkbox"/> ORD	33	812.014 (2)(c)					<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> DW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT. CASE #:
3.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> DW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT. CASE #:
4.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> DW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT. CASE #:

The undersigned affirms and swears that he/she has just and reasonable grounds to believe, and does believe, that the above information is true and correct. On the **VARIOUS** day of **DATE**, 20__ at **INSURANCE NETWORK CENTER 7735 NW 146th ST, MIAMI LKS.** (Narrative, be specific)

Investigation by the Department of Financial Services, Fraud Division, found that Defendant Angelica M. Sigler, employee of Insurance Network Center, located at 7735 NW 146th St, Suite 204, in Miami Lakes, Florida, pocketed 191 checks from August 2009 to April 2011 for a total amount of \$106,369.25. Out of those 191 checks, 186 checks were from customer insurance premiums including entities whom made payments to Insurance Network Center, and 9 checks were from customer insurance premiums made payable to Citizens Insurance Company. Defendant then deposited these funds into her company, Rainbow 21 LLC, bank account numbered _____ which Defendant Sigler was the sole authorized signer on the bank account.

HOLD FOR OTHER AGENCY _____ VERIFIED BY _____

I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

OFFICER'S / COMPLAINANT'S SIGNATURE: **JOSE ANDRADE** COURT ID NUMBER/LOC. CODE: **0730(80)** **DFS/DIF** AGENCY NAME

SWORN AND SUBSCRIBED BEFORE ME **29** THE UNDERSIGNED, CLERK OF COURT, DO hereby certify that the above information was sworn to and subscribed before me on this day of **SEPTEMBER**, 2015.

Signature of Defendant / Juvenile and Parent or Guardian _____ (right thumb print)

COMPLAINT/ARREST AFFIDAVIT - SAO RECORD COPY

COMPLAINT/ARREST AFFIDAVIT CONTINUATION - SAO RECORD COPY

OBTS NUMBER: **COMPLAINT/ARREST AFFIDAVIT CONTINUATION** POLICE CASE NO. **15-782**

JAIL NO. **1520300** COURT CASE NO. **F15-20270**

IDS NO. AGENCY CODE **080** MUNICIPAL P.D. DEF. ID NO. MDPD RECORDS AND NO.

DEFENDANT'S NAME (LAST, FIRST, MIDDLE) **SIGLER, ANGELICA MARIE** DOB (MM/DD/YYYY) **05/11/1971**

4. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) DOB (MM/DD/YYYY) IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR

5. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) DOB (MM/DD/YYYY) IN CUSTODY FELONY JUVENILE AT LARGE DV MISDEMEANOR

ADDITIONAL CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
5.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
6.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
7.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
8.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:

A sworn recorded statement was obtained from Mr. Luis DeGongora, owner of Insurance Network Center and defendant's step-father, stated that he hired Defendant Sigler as a receptionist sometime in 2009. Mr. DeGongora indicated that Defendant Sigler had recently been released from jail and wanted to give her a work opportunity. Mr. DeGongora stated that defendant's responsibility was only to collect and distribute the mail. Mr. DeGongora said that defendant did not have the authorization to take any of the checks from the office nor to deposit them to any of her accounts.

From October 2010 to April 2011, Defendant took the following checks from the mail and deposited the checks into Rambow 21 LLC Bank of America account (\$):

DATE	ISSUER	CHECK No.	AMOUNT
10/8/2010	American Bankers	218788	\$ 333.15
10/8/2010	Citizens Property	91635	\$ 585.20
10/8/2010	Southern Fidelity	1100012	\$ 165.90
10/8/2010	US Treasury	23100 44361170	\$ 341.61
10/12/2010	Universal Property	259640	\$ 819.31
10/13/2010	Seacoast Underwriters	27376	\$ 600.66

HOLD FOR OTHER AGENCY	VERIFIED BY	<input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Only if Must appear at Bond Hearing)	<input type="checkbox"/> I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvies nolly Juvenile Division) anytime that my address changes.
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.	SWORN AND SUBSCRIBED BEFORE ME	THE UNDERSIGNED	<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.
OFFICER'S/COMPLAINANT'S SIGNATURE <i>Jose Andrade</i>	COURT ID NUMBER/LOC. CODE 0739(80)	DAY OF MONTH 26	SIGNATURE OF DEFENDANT / JUVENILE AND PARENT OR GUARDIAN <i>Jose Andrade</i>
NAME (Printed) JOSE ANDRADE	AGENCY NAME DFS/DIF	DEPUTY CLERK OF THE COURT	

COMPLAINT/ARREST AFFIDAVIT CONTINUATION

OBTS NUMBER: _____ POLICE CASE NO. **15-782**
 JAIL NO. **15 20300** COURT CASE NO. **15-20270**
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DEFENDANT'S NAME (LAST, FIRST, MIDDLE) **SIGLER, ANGELICA MARIE** DOB (MM/DD/YYYY) **05/11/1971**
 ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) _____ DOB (MM/DD/YYYY) _____
 ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) _____ DOB (MM/DD/YYYY) _____

ADDITIONAL CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
5.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
6.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
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DATE	ISSUER	CHECK No.	AMOUNT
10/15/2010	Homeowners Choice Management	40304	\$ 278.49
10/20/2010	Gulfstream Property	227000	\$ 550.50
11/4/2010	Mercantil - Alicia Ventura	325398	\$2,224.00
11/12/2010	Seacoast Underwriters	27537	\$ 660.60
11/12/2010	Travelers Insurance	400299	\$ 323.85
11/12/2010	UPC Insurance	4001549	\$ 140.86
11/16/2010	Argus Fire & Casualty	69119	\$ 367.00
11/16/2010	Iris Rivera	1315	\$ 823.00
11/16/2010	Southern Oak Management	282331	\$ 230.12
11/18/2010	Antonia Lago-Torres	649	\$ 197.38
11/19/2010	Gulfstream Property	227840	\$ 514.40
11/23/2010	Mercantil - Sebastian Riballo	325458	\$2,682.00
12/8/2010	Mannel Rodriguez Armesto	110	\$1,862.00
12/8/2010	Southern Fidelity	1105126	\$ 282.39
12/13/2010	Florida Peninsula	8037472	\$ 242.63
12/13/2010	Service First Insurance	415522	\$ 209.50

HOLD FOR OTHER AGENCY _____ VERIFIED BY _____
 Name: _____
 I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.
 OFFICER'S / COMPLAINANT'S SIGNATURE: **Jose Andrade** COURT ID NUMBER/LOC. CODE: **0730 (80)**
 NAME (Printed): **Jose Andrade** AGENCY NAME: **DFS/DIF**
 SWORN TO AND SUBSCRIBED BEFORE ME
 THE UNDERSIGNED AUTHORITY THIS _____ DAY OF _____ 2010
 Deputy of the Court Clerk
 I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvéniles notify Juvenile Division) anytime that my address changes.
 You need not appear in court, but must comply with the instructions on the reverse side hereof.
 Signature of Defendant / Juvenile and Parent or Guardian: _____

COMPLAINT/ARREST AFFIDAVIT CONTINUATION - SAO RECORD COPY

OBTS NUMBER: COMPLAINT/ARREST AFFIDAVIT CONTINUATION POLICE CASE NO. 15-782
 JAIL NO. 1520300 COURT CASE NO. P15-20270
 IDS NO. AGENCY CODE 080 MUNICIPAL P.D. DEF. ID NO. MDPD RECORDS AND ID NO.

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 AT LARGE DV MISDEMEANOR

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DATE	ISSUER	CHECK No.	AMOUNT
12/13/2010	Southern Oak Management	284024	\$ 376.92
12/13/2010	Travelers Insurance	404218	\$ 268.50
12/16/2010	Mercantile - Luis A. Gonzalez	325619	\$1,995.00
12/20/2010	American Integrity	65756	\$ 478.88
12/20/2010	Antonia Lago-Torres	655	\$ 197.38
12/21/2010	Luis Nicolas Diaz	1275	\$2,798.00
12/22/2010	Argus Fire & Casualty	69909	\$ 495.90
12/29/2010	Mercantile - Fabio Fabbiani	325739	\$1,606.00
1/7/2011	Southern Fidelity	1107979	\$ 489.91
1/14/2011	Argus Fire & Casualty	70732	\$ 200.80
1/14/2011	Kingsway Amigo Insurance	101029550	\$ 111.15
1/14/2011	Seacoast Underwriters	27858	\$ 251.10
1/14/2011	Service First Insurance	416646	\$ 223.00
1/14/2011	Travelers Insurance	407806	\$ 347.55
1/18/2011	Antonia Lago-Torres	658	\$ 197.38
1/21/2011	American Integrity	66941	\$ 636.00

HOLD FOR OTHER AGENCY VERIFIED BY HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing).
 I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT. SWORN TO AND SUBSCRIBED BEFORE ME THE UNDERSIGNED JUDGE OF THE PEACE ON THIS 28 DAY OF FEBRUARY 2011.
 OFFICER'S / COMPLAINANT'S SIGNATURE: JOSE ANDRADE 0730(80) AGENCY NAME: DFS/DIF
 NAME (Printed): JOSE ANDRADE AGENCY NAME: DFS/DIF
 Deputy of the Court Clerk
 Signature of Defendant / Juvenile and Parent or Guardian

COMPLAINT/ARREST AFFIDAVIT CONTINUATION - SAO RECORD COPY

COMPLAINT/ARREST AFFIDAVIT CONTINUATION

OBTS NUMBER: POLICE CASE NO. **15-782**
 JAIL NO. **15 20300** COURT CASE NO. **F15-20270**
 IDS NO. AGENCY CODE **080** MUNICIPAL P.D. DEF. ID NO. MDPD RECORDS AND ID NO.

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 ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) DOB (MM/DD/YYYY) IN CUSTODY FELONY JUVENILE
 AT LARGE DV MISDEMEANOR

ADDITIONAL CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
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DATE	ISSUER	CHECK No.	AMOUNT
1/24/2011	Gulfstream Property	229260	\$1,126.50
2/11/2011	American Bankers	228441	\$ 222.00
2/11/2011	ASI	534019	\$ 205.65
2/11/2011	Citizens Property	97519	\$1,834.70
2/16/2011	Antonia Lago-Torres	664	\$ 197.30
2/22/2011	Argus Fire & Casualty	71619	\$ 280.60
2/22/2011	Iris Rivera	1318	\$ 408.00
2/22/2011	Service First Insurance	417792	\$ 227.80
3/1/2011	Avatar Property & Casualty	8931	\$ 283.20
3/8/2011	American Bankers	230714	\$ 643.50
3/18/2011	Citi Mortgage	2858652	\$3,782.00
3/18/2011	Citizens Property	99303	\$ 227.50
3/18/2011	Seacoast Underwriters	28187	\$ 280.26
3/18/2011	Travelers Insurance	414840	\$ 140.40
3/18/2011	Universal Property	274868	\$ 821.94
3/22/2011	American Integrity	68672	\$ 411.44

HOLD FOR OTHER AGENCY VERIFIED BY HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing) I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvettes notify Juvenile Division) anytime that my address changes.

I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT. SWORN TO AND SUBSCRIBED BEFORE ME THE UNDERSIGNED AUTHORITY IN THE DAY OF 03/22/2011

OFFICER'S / COMPLAINTANT'S SIGNATURE **JOSE ANDRADE** COURT ID NUMBER/LOC. CODE **073d 80** AGENCY NAME **DES/DIF** Deputy of the Court of Magistrate

Signature of Defendant / Juvenile and Parent or Guardian

COMPLAINT/ARREST AFFIDAVIT CONTINUATION - SAO RECORD COPY

COMPLAINT/ARREST AFFIDAVIT CONTINUATION

OBTS NUMBER: [] POLICE CASE NO. 15-782

JAIL NO. 15 20300 COURT CASE NO. 15-20270

IDS NO. [] AGENCY CODE 080 MUNICIPAL P.D. DEF. ID NO. [] MDPD RECORDS AND ID NO. []

DEFENDANT'S NAME (LAST, FIRST, MIDDLE) SIGLER, ANGELICA MARIE

DOB (MM/DD/YYYY) 05/11/1971

4. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) [] DOB (MM/DD/YYYY) []

5. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) [] DOB (MM/DD/YYYY) []

ADDITIONAL CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT.	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
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DATE	ISSUER	CHECK No.	AMOUNT
3/31/2011	Citizens Property	2363359	\$ 414.48
4/4/2011	Carmen L. Gomez	269	\$2,810.00

COMPLAINT/ARREST AFFIDAVIT CONTINUATION - SAO RECORD COPY

PAGE 6 of 6

HOLD FOR OTHER AGENCY [] VERIFIED BY []

HOLD FOR BOND HEARINGS. DO NOT BOND OUT (Only if Next Appearance Bond Hearing).

I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvies only Juvenile Division) anytime that my address changes.

I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

OFFICER'S / COMPLAINANT'S SIGNATURE: Jose Andrade COURT ID NUMBER/LOC. CODE: 0730(80)

NAME (Printed): Jose Andrade AGENCY NAME: DFS/DIF

SWORN TO AND SUBSCRIBED BEFORE ME

THE UNDERSIGNER HAS IDENTIFIED THIS []

DAY OF 28 2015

Deputy of the Court of Public

Signature of Defendant / Juvenile and Parent or Guardian