## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 855267**

1. Entity Name

## NATIONAL INSURANCE COMPANY

| Principal Place of Business    |         | Mailing Address                          | -       |  |  |  |
|--------------------------------|---------|--|---------|--|--|--|
| MUNOZ RIVERA AVENUE            |         | P.O. BOX 366107<br>San Jaun PR 009<br>US | 36-6107 |  |  |  |
| 2. Principal Place of Business |         | 3. Mailing Addres                        | ss      |  |  |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.                      |         |  |  |  |
| City & State                   |         | City & State                             |         |  |  |  |
| Zip                            | Country | Zip                                      | Country |  |  |  |

## **FILED** May 26, 2000 8:00 am Secretary of State 05-26-2000 90083 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|                                     | ·   |                            |                    |                               |   |              |          | - C C                       |  |
|-------------------------------------|---|----------------------------|--------------------|-------------------------------|---|--------------|----------|-----------------------------|--|
| City & State                        |   | City & State               |                    | 4.                            | FEI Number 59-258467                            | 9            |          | pplied For<br>ot Applicable |  |
| <br>Zip                             | Country   | Zip Cour                   |                    | v ·                           |   | <b>\$</b>    | 8.75 Add |                             |  |
|                                     |   | ·                          |                    | 5.                            | Certificate of Status Desired                   |              |          | ee Required                 |  |
|                                     | 6. Name and Address of Current R                        | egistered Agent            |                    |                               | Name and Address of New F                       | legistered A | gent     |                             |  |
|                                     |   |                            | l N                | lame                          | -   |              |          |                             |  |
| COMP                                | MISSIONER OF INSURANCE, STATE                           | OF FLORIDA                 | S                  | treet Address (P.O. E         | Box Number is Not Acceptable                    | e)           |          |                             |  |
|                                     | CAPITOL BUILDING  | ,                          |                    |                               |   |              |          | <del>-</del>                |  |
| TALLA                               | HASSEE FL 32301   |                            |                    |                               |   |              |          |                             |  |
| · · · · · · · · · · · · · · · · · · |   |                            |                    | City                          |   |              | Zip Code |                             |  |
|                                     |   |                            | ١٠                 | ity                           |   | FL           | Z,p 000  |                             |  |
| 3. The above r                      | named entity submits this statement for                 | the purpose of changing it | ts registered o    | ffice or registered ag        | gent, or both, in the State of Fl               | orida.       |          |                             |  |
|                                     |   |                            |                    |                               |   |              |          |                             |  |
| SIGNATURE _                         |   |                            |                    |                               |   |              |          |                             |  |
| \$                                  | Signature, typed or printed name of registered agent an | d title if applicable (NO  | TE: Registered Age | ent signature required when r | einstating)                                     | DATÉ         |          |                             |  |
| 9. This corpor                      | ation is eligible to satisfy its Intangible             | FILE NOW                   | VIII FEE IS        | \$150.00                      | 10. Election Campaign Fi                        | ancina       | ¢E O     | Ω ο-                        |  |
| - ,                                 | quirement and elects to do so.                          | After MAY 1, 2             | 2000 Fee will      | be \$550.00                   | Trust Fund Contribution                         |              |          |                             |  |
| (See criteria                       | a on back)  | Make Check Paya            | ible to Depa       | rtment of State               | 7,000,7 2.110 001111111111111111111111111111111 |              | ,        |                             |  |
| 1.                                  | OFFICERS AND C  | IRECTORS                   | 12.                | A                             | DDITIONS/CHANGES TO OFF                         | ICERS AND I  | DIRECTOR | S IN 11                     |  |
| TLE                                 | SD  | ☐ Delete                   | TITLE              | v                             |   |              | Change   | X Addition                  |  |
| IAME                                | BENITEZ, DERODRIQUEZ G                                  |                            | NAME               | MILLAN                        | , FREDERICK                                     |              |          |                             |  |
| TREET ADDF.ESS                      | 510 MUNOZ RIVERIA AVENUE                                |                            | STREET AL          | 1 2 10 1101                   | ÑOZ RIVERA AVE                                  |              |          |                             |  |
| CITY-ST-ZIP                         | HATO REY P.   |                            | CITY-ST-           | HATO R                        | EY, PR 00918                                    | <u>.</u> .   |          |                             |  |
| TITLE                               | D   | ☐ Delete                   | TITLE              | D                             | ·   |              | Change   | X Addition                  |  |
| NAME                                | BENITEZ, MARIA DE LOS A                                 |                            | NAME               | RIVERA                        | MUÑOZ, FERNANDO                                 | )            |          |                             |  |
| STREET ADDRESS                      | 510 MUNOZ RIVERA AVE.                                   |                            | STREET AC          | I DIU MUI                     | ÑOZ RIVERA AVE                                  |              |          |                             |  |
| CITY-ST-ZIP                         | HATO REY, P. R.   |                            | CITY-ST-           | HATO R                        | EY, PR 00918_                                   |              |          |                             |  |
| TITLE                               | TD .  | Delete                     | TITLE              | D ~ ~                         |   | '            | ☐ Change | Addition                    |  |
| 1                                   | DE GARCIA,MARIA JULIA C                                 |                            | NAME               | RAMOS (                       | GONZALEZ, VIRGII                                | IO.          |          |                             |  |
|                                     | 510 MUNOZ RIVERA AVE.                                   |                            | STREET AL          | 1510 MIII                     | ÑOZ RIVERA AVE                                  |              |          |                             |  |
|                                     | HATO REY, P. R.   |                            | CITY-ST-           | HATO R                        | EY,_PR 00918                                    |              |          |                             |  |
| TITLE                               | D   | ☐ Delete                   | TITLE              | D                             |   |              | ☐ Change | X Addition                  |  |
| NAME                                | BIRD, MODESTO   |                            | NAME               | REYES,                        | MARGARITA                                       |              |          |                             |  |
| STREET ADDRESS                      | 510 MUNOZ RIVERA AVE.                                   |                            | STREET AU          | ,,,   510 MU                  | NOZ RIVERA AVE.                                 |              |          |                             |  |
|                                     | HATO REY, P. R.   |                            |                    | ". HATO R                     | EY, PR 00918_                                   |              | [] OL    | Maria -                     |  |
| ITLE                                | CPD   | ☐ Delete                   | TITLE              |                               |   |              | ☐ Change | ☐ Addition                  |  |
| NAME                                | BENITEZ, CARLOS M., JR.                                 |                            | NAME<br>Street ac  | INDRESS                       |   |              |          |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP       | 510 MUNOZ RIVERA AVE.                                   |                            | CITY-ST-           |                               |   |              |          |                             |  |
|                                     | HATO REY, P. R.   |                            |                    |                               | <u> </u>  |              | Change   | ☐ Addition                  |  |
| TITLE                               |   | ☐ Delete                   | TITLE<br>NAME      |                               |   |              | Griange  | L Addition                  |  |
| NAME<br>STREET ADDRESS              | BENITEZ, VIOLA<br>510 MUNOZ RIVERA AVE                  |                            | NAME<br>STREET AL  | DORESS                        |   |              |          |                             |  |
|                                     | HATO REY PR 00918                                       |                            | CITY-ST-           | £ .                           |   |              |          |                             |  |
| CITY-ST-ZIP                         | MAILL DEA DE LEGIS                                      |                            |                    |                               |   |              |          |                             |  |

of the corporation or the receiver or trustee eropowered 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:

787-758-0909