

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

0629069 AB

**DOCUMENT # 855267**

1. Entity Name  
**NATIONAL INSURANCE COMPANY**

03-11-2002 90031 002 \*\*\*150.00

Principal Place of Business  
**510 MUNOZ RIVERA AVENUE**  
**SAN JUAN PR 00918**  
**US**

Mailing Address  
**P.O. BOX 366107**  
**SAN JAUN PR 00936-6107**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2584679**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMMISSIONER OF INSURANCE, STATE OF FLORIDA**  
**THE CAPITOL BUILDING**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BENITEZ, DERODRIQUEZ G</b> <b>510 MUNOZ RIVERIA AVENUE</b> <b>HATO REY PR 00918</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENITEZ, MARIA DE LOS A</b> <b>510 MUNOZ RIVERA AVE.</b> <b>HATO REY PR 00918</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DE GARCIA, MARIA JULIA C</b> <b>510 MUNOZ RIVERA AVE.</b> <b>HATO REY PR 00918</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BIRD, MODESTO</b> <b>510 MUNOZ RIVERA AVE.</b> <b>HATO REY PR 00918</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD</b> <b>BENITEZ, CARLOS M., JR.</b> <b>510 MUNOZ RIVERA AVE.</b> <b>HATO REY PR 00918</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENITEZ, VIOLA</b> <b>510 MUNOZ RIVERA AVE</b> <b>HATO REY PR 00918</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RIVERA MUÑOZ, FERNANDO</b> <b>510 MUÑOZ RIVERA AVENUE</b> <b>HATO REY PR 00918</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAMOS GONZALEZ, VIRGILIO</b> <b>510 MUÑOZ RIVERA AVENUE</b> <b>HATO REY PR 00918</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIVERA ARROYO, FERNANDO</b> <b>510 MUÑOZ RIVERA AVENUE</b> <b>HATO REY PR 00918</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REYES, MARGARITA</b> <b>510 MUÑOZ RIVERA AVENUE</b> <b>HATO REY PR 00918</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANA, ROBERTO</b> <b>510 MUÑOZ RIVERA AVENUE</b> <b>HATO REY PR 00918</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Carlos M. Benitez, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02 787-758-0909  
 Date Daytime Phone #

CR2E034 (9/01)