

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001703

1. Entity Name
JNS INSURANCE INC.

FILED

02 APR 30 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **263 N.W. 48 PL. MIAMI FL. 33126**
Mailing Address: **6870 SW 77 TERR. MIAMI, FL. 33143**

2. Principal Place of Business: **263 NW 48 PL. MIAMI FL.**
3. Mailing Address: **6870 SW 77 TERR. MIAMI, FL. 33143**

City & State: **33126 U.S.** | City & State: **33143 U.S.**
Zip: | Country: | Zip: | Country:

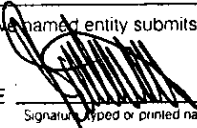
4. FEI Number: **65-0973402**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**JAVIER SANTAMARINA
6870 SW 77 TERRACE
MIAMI, FL. 33143**

7. Name and Address of New Registered Agent
Name: **JAVIER SANTAMARINA**
Street Address (P.O. Box Number is Not Acceptable):
6870 S.W. 77 TERRACE
City: **MIAMI** FL Zip Code: **33143**

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:  **JAVIER SANTAMARINA (PRESIDENT)** DATE: **4/22/02**
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)



10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE: PRESIDENT <input type="checkbox"/> Delete	NAME: JAVIER SANTAMARINA
STREET ADDRESS: 6870 SW 77 TERR.	CITY-ST-ZIP: MIAMI FL. 33143
TITLE: VICEPRESIDENT / TREASURER <input type="checkbox"/> Delete	NAME: NATASHA SANTAMARINA
STREET ADDRESS: 6870 SW 77 TERR.	CITY-ST-ZIP: MIAMI, FL. 33143
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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******150.00 ****150.00**

4/25/8

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:  **JAVIER SANTAMARINA (PRESIDENT)** DATE: **4/22/02** (786) 291-9725