2002 UNIFORM BUSINESS REPORT (UBR)

SIGNAT

SIGNATURE:

Mar 03, 2002 8:00 am Secretary of State P00000039344 DOCUMENT # J.C.H. INSURANCE GROUP INC. 03-03-2002 90095 009 ***150.00 Principal Place of Business Mailing Address 15210 SW 48 TERR #G 15210 SW 48 TERR #G MIAMI FL 33185 MIAMI FL 33185 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1039075 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAVEZ, JUAN Street Address (P.O. Box Number is Not Acceptable) 15210 SW 48 TERR #G **MIAMI FL 33185** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 115 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 PSTD TITLE TITLE ☐ Addition ☐ Delete CHAVEZ, JUAN JR. NAME NAME 15210 SW 48 TERR #G STREET ADDRESS STREET ADDRESS MIAMI FL 33185 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ' 13. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and acturn of the corporation or the receiver or trustee empowered to execute the corporation or an attachment with an address, with all other life. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

Daytime Phone #