

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90423 021 ***150.00

DOCUMENT # P94000061286

1. Entity Name

UNITED NATION'S INSURANCE AGENCY, INCORPORATED

Principal Place of Business

**1900 CORPORATE BLVD.
400- E
BOCA RATON FL 33431
US**

Mailing Address

**1900 NW CORPORATE BLVD
400 E
BOCA RATON FL 33431
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0516260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STIGER, COLLEEN M
7300 W. CAMINO REAL
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

Karen M. Diaz
Street Address (P.O. Box Number is Not Acceptable)

1900 Corporate Blvd. 400-E

City

Boca Raton

FL

Zip Code

33431

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 **Karen M. Diaz, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Karen M. Diaz

1/8/2002

DATE

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

TITLE **PD** ☐ Delete
NAME **DIAZ, KAREN M**
STREET ADDRESS **8548 TIMBER LANE** ← NOT CORRECT →
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **SD** ☐ Delete
NAME **LOCONTI, ARLENE M**
STREET ADDRESS **484 WOODBINE CIRCLE**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE **TD** ☐ Delete
NAME **LOCONTI, JOSEPH A**
STREET ADDRESS **484 WOODBINE CIRCLE**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **DIAZ, KAREN M.**
STREET ADDRESS **6549 Timber Lane**
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-2002 561 988-2872

Date

Daytime Phone #

CR2E034 (9/01)