

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000061286

Entity Name: UNITED NATION'S INSURANCE AGENCY, INCORPORATED**Current Principal Place of Business:**21218 SAINT ANDREWS BLVD
#400
BOCA RATON, FL 33433**Current Mailing Address:**21218 SAINT ANDREWS BLVD
#400
BOCA RATON, FL 33433 US**FEI Number:** 65-0516260**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOCONTI-DIAZ, KAREN M
21218 SAINT ANDREWS BLVD
#400
BOCA RATON, FL 33433 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	LOCONTI-DIAZ, KAREN M
Address	6549 TIMBER LANE
City-State-Zip:	BOCA RATON FL 33433

Title	TREASURER, DIRECTOR
Name	LOCONTI, JOSEPH A
Address	2600 S OCEAN BLVD 16B
City-State-Zip:	BOCA RATON FL 33432

Title	D
Name	LOCONTI, ARLENE M
Address	2600 S OCEAN BLVD 16B
City-State-Zip:	BOCA RATON FL 33432

Title	SECRETARY
Name	CLARK, DANIEL
Address	21218 SAINT ANDREWS BLVD #400
City-State-Zip:	BOCA RATON FL 33433

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN M LOCONTI-DIAZ**PRESIDENT****01/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date