

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90071 050 \*\*\*150.00

**DOCUMENT # M47949**

1. Entity Name

**JPC INSURANCE UNDERWRITERS INCORPORATED**

Principal Place of Business

Mailing Address

2500 NW 79 AVE.  
 MIAMI FL 33122  
 US

2500 NW 79 AVE.  
 MIAMI FL 33122  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0178268**

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

**McLOUGHLIN, LINDA G**  
**2500 NW 79TH AVE.**  
**MIAMI FL 33122**

Name

**ALVAREZ, ANETTE R.**

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

**SAME**

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

*[Signature]*  
 Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/27/02**

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, 2001 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	<input checked="" type="checkbox"/> Delete
	<b>DVT</b>	<b>TORGAS, ED S.</b>	<b>2500 NW 79 AVE</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/>
	<b>VDA</b>	<b>SOTO, JOHN M.</b>	<b>2500 NW 79 AVE</b> <b>MIAMI FL</b>	<input type="checkbox"/>
	<b>V</b>	<b>VALDES-FAULI, MARLEN</b>	<b>2500 NW 79 AVE</b> <b>MIAMI FL</b>	<input type="checkbox"/>
	<b>S</b>	<b>McLOUGHLIN, LINDA G</b>	<b>2500 NW 79 AVE</b> <b>MIAMI FL 33122</b>	<input checked="" type="checkbox"/>
	<b>PD</b>	<b>ALVAREZ, JOSE M</b>	<b>2500 NW 79 AVE</b> <b>MIAMI FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/01 (305) 715-0000**

Date

Daytime Phone #

**80043901**



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)