

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90065 028 ***550.00

DOCUMENT # M47949

1. Entity Name
JPC INSURANCE UNDERWRITERS INCORPORATED

Principal Place of Business

2500 NW 79 AVE.
 MIAMI FL 33122
 US

Mailing Address

2500 NW 79 AVE.
 MIAMI FL 33122
 US

2. Principal Place of Business

8300 W. FLAGLER ST.
 Suite, Apt. #, etc.
250

3. Mailing Address

8300 W. FLAGLER ST.
 Suite, Apt. #, etc.
250

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33144

Country

USA

Zip

33144

Country

USA

4. FEI Number

65-0178268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MARLEN VALDES-FAULI**
 Street Address (P.O. Box Number is Not Acceptable)
8300 W. FLAGLER ST.
SUITE 250
 City **MIAMI** FL Zip Code **33144**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MARLEN VALDES-FAULI** **9/9/02**
 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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	VDA	<input type="checkbox"/> Delete
NAME	SOTO, JOHN M.	
STREET ADDRESS	2500 NW 79 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	VALDES-FAULI, MARLEN	
STREET ADDRESS	2500 NW 79 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, JOSE M	
STREET ADDRESS	2500 NW 79 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8300 W. FLAGLER ST. #250	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8300 W. FLAGLER ST. #250	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8300 W. FLAGLER ST. #250	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARLEN VALDES-FAULI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02 **(305) 225-6067**
 Date Daytime Phone #

CR2E034 (4/02)