2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001703

1. Entity Name
JNS INSURANCE INC.

FILED
02 APR 30 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
263 N.W. 48 PL. MIAMI FL. 33126	6870 SW 77 TERR. MIAMI, FL. 33143

2. Principal Place of Business	3. Mailing Address
263 NW 48 PL.	6870 SW 77 TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI FL.	MIAMI, FL. 33143
City & State	City & State
33126 U.S.	33143 U.S.
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0973402 — Applied For / Not Applicable

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
JAVIER SANTAMARINA 6870 SW 77 TERRACE MIAMI, FL. 33143	Name: JAVIER SANTAMARINA Street Address (P.O. Box Number is Not Acceptable): 6870 S.W. 77 TERRACE City: MIAMI FL Zip Code: 33143

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: JAVIER SANTAMARINA (PRESIDENT) 4/22/02
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 TO ELIMINATE LATE FEES
AND MAY BE ELIGIBLE FOR A REFUND
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	☐ Delete PRESIDENT JAVIER SANTAMARINA 6870 SW 77 TERR. MIAMI FL. 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete VICEPRESIDENT / TREASURER NATASHA SANTAMARINA 6870 SW 77 TERR. MIAMI, FL. 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400005538284--6 -05/15/02--01058--011 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition AR 5/8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: JAVIER SANTAMARINA (PRESIDENT) 4/22/02 (786) 271-9725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #