

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085663

1. Entity Name

JOMA INSURANCE SERVICES, INC.

Principal Place of Business

9725 FONTAINEBLEAU BLVD #210
MIAMI FL 33172
US

Mailing Address

P.O. BOX 523523
MIAMI FL 33152-3523
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0618790

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

RUIZ, JOSE M
9725 FOUNTAINBLEU BLVD
#210
MIAMI FL 33174

Name

Jose M. Ruiz JR

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

9725 Fontainebleau Blvd #210

City

Miami

FL

Zip Code

33172

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

Jose M. Ruiz JR

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/27/00

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	RUIZ, JOSE M	
STREET ADDRESS	% 8917 S.W. 12TH ST.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUIZ, JOSE M JR	
STREET ADDRESS	% 8917 S.W. 12TH ST.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUIZ, NIMIA V	
STREET ADDRESS	% 8917 S.W. 12TH ST.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RUIZ-GALI, ANA L	
STREET ADDRESS	% 8917 S.W. 12TH ST.	
CITY-ST-ZIP	MIAMI FL 33174	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose M. Ruiz JR	
STREET ADDRESS	9725 Fontainebleau #210	
CITY-ST-ZIP	Miami FL 33172	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

305 2679800

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90087 011 ***158.75