

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P960000036053

1. Entity Name

Health Family Insurance, Inc.

02 MAY 28 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1140 W. 50 Street

Suite, Apt. #, etc.

Suite 305

City & State

Hialeah, FL

Zip

33012

Country

Dade

3. Mailing Address

1140 W. 50 Street

Suite, Apt. #, etc.

Suite 305

City & State

Hialeah, FL

Zip

33012

Country

Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0662907

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Fernando Espinosa

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

6841 W. 25 Lane

City

Hialeah

FL

Zip Code

33016

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: 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)

☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	president
NAME	Fernando Espinosa
STREET ADDRESS	6841 W. 25 lane
CITY-ST-ZIP	Hialeah, FL 33016
TITLE	vice president
NAME	Fernando Espinosa JR.
STREET ADDRESS	6792 main street
CITY-ST-ZIP	miamilakes, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	201.25-AR
NAME	
STREET ADDRESS	10.00-ARARTS
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TITLE	88.75-ARsupp
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 907, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-02 (305) 822-0783

CR2E034B (12/01)

attachment

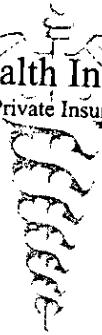
#P96000036063

Fernando Espinosa
President

1140 West 50 St. #305
Hialeah, FL 33012



Florida Health Insurance Group
HMO • PPO • Private Insurance • Life Insurance



MAILING ADDRESS
PO BOX 160038
HIALEAH, FL 33016

PH: (305) 822-0783
FAX: (305) 826-0911
E-MAIL: officefgi@aol.com

May 9, 2002

To whom it may concern:

We did not receive the documents that we were supposed to send in for the past year. So for that reason we ask that you please waive the late fee that we owe. For further documents we ask that you review your records and update our address to the correct one so that this incident does not occur again. The correct address is located on the top part of this letter. Once again thank you for your help.

Sincerely,

Fernando Espinosa
(President)