FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 28 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000036053

1. Entity Name
Health Family Insurance, inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1140 W. 50 Street	1140 W. 50 Street
Suite, Apt. #, etc.: Suite 305	Suite, Apt. #, etc.: Suite 305
City & State: Hialeah, Fl	City & State: Hialeah, FL
Zip: 33012 Country: Dade	Zip: 33012 Country: Dade

4. FEI Number: 65-0662907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Fernando Espinosa 6841 W. 25 lane Hialeah, Fl 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	vice president Fernando Espinosa JR. 6792 main street miami lakes, Fl 33014
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-13-02 (305) 822-0783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment

#P96000036053

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)