

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

FILED

DOCUMENT # P98000100518

1. Entity Name

Florida health insurance Group, inc.

02 MAY 28 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1140 W. 50 Street

3. Mailing Address

1140 W. 50 Street

Suite, Apt. #, etc.

S. 305

Suite, Apt. #, etc.

S. 305

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

65-0879001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**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

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

(NOTE: Registered Agent signature required when renewing)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President.  
Jorge Espinosa  
6841 W. 25 Lane  
Hialeah, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President.  
Fernando Espinosa  
7878 W. 10 Avenue  
Hialeah, FL 33014

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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\*\*\*\*300.00 \*\*\*\*300.00

**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)(b), 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 807, 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 (365) 822-083

Jorge Espinosa

02E034B (12/01)

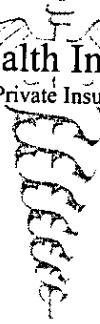
Fernando Espinosa  
President

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)