FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 28 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100518

1. Entity Name

Florida health insurance Group, 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. S. 305	Suite, Apt. #, etc. S. 305
City & State Hialeah, Fl	City & State Hialeah, Fl
Zip 33012 Country Dade	Zip 33012 Country Dade

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

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 Hialean FL Zip/Postal 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	President.
NAME	Jorge Espinosa
STREET ADDRESS	6841 W. 25 Lane
CITY-ST-ZIP	Hialeah, Fl 33016
TITLE	Vice President.
NAME	Fernando Espinosa
STREET ADDRESS	7878 W. 10 Avenue
CITY ST ZIP	Hialeah, Fl 33014
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	201.25 - AR
NAME	10.00 - ARART
STREET ADDRESS	88.75 - ARSUPP
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	900005753379---
NAME	-06/11/02--01055--017
STREET ADDRESS	****300.00 ****300.00
CITY ST ZIP	
TITLE	**DO NOT WRITE**
NAME	**IN THIS SPACE**
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 this 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 #

Jorge Espinosa

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)