

2007 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000099240**
 1. Entity Name
Insurance Headquarter, Inc.

Principal Place of Business Mailing Address
1800 W. 49th St. #230 **Samie**
Nialeah, FLA. 33012

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

RECEIVED
 07-17-2000 90073 044 ***150.00
 FILED P99000099240
 SECRETARY OF STATE
 DIVISION OF CORPORATION

00 OCT 18 PM 3:35

A0067255

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Joseph Quintana
4440 W. Flagler St. #1
MIAMI, FLA. 33134

7. Name and Address of New Registered Agent
 Name **Joseph Quintana**
 Street Address (P.O. Box Number is Not Acceptable)
4440 W. Flagler St. #1
 City **MIAMI** FL Zip Code **33134**

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]* DATE **6-27-2000**
 (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax-filing requirement and elects to do so: ☐ **FILE NOW!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**
Make Check Payable to Department of State
 10. Election Campaign Financing **\$5.00** May Be Added to Fees ☐ Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS
 TITLE **PRESIDENT / P/D** ☐ Delete
 NAME **Joseph Quintana**
 STREET ADDRESS **4440 W. Flagler St. #1**
 CITY-ST-ZIP **MIAMI, FLA. 33134**
 TITLE ☐ Delete
 NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☒ Addition
 NAME **Vice President / VP**
 STREET ADDRESS **ERNESTO SANCHEZ**
 CITY-ST-ZIP **3756 OAK RIDGE CTR. Weston, FLA. 33331**
 TITLE ☐ Change ☒ Addition
 NAME **Secretary / S**
 STREET ADDRESS **MARILYN PRADOS**
 CITY-ST-ZIP **10315 NW 9th Circle #402 Miami, FLA. 33172**
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 807, 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]* Date Daytime Phone #

CR2E034 (9/99)

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INSURANCE HEADQUARTERS, INC.

◆◆◆
1800 WEST 49TH STREET, SUITE #230 ◆ HIALEAH, FLORIDA 33012
Phone (305) 557-7222 ◆ Fax (305) 557-1133

June 26, 2000

Florida Department of State
Division of Corporation
Post Office Box 6327
Tallahassee, Florida 32314

RE: INSURANCE HEADQUARTERS, INC.

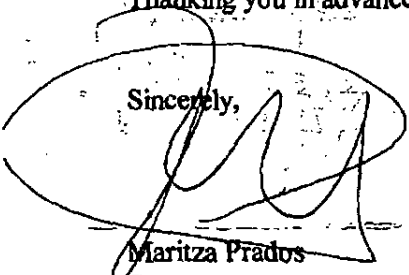
To Whom It May Concern:

This is to inform you that Insurance Headquarters, Inc. recently sold half of its shares and due to its restructuring and oppointing of officers was unable to file the Division of Corporations by its due date.

Please accept our apologies for this delay and if your should require further information regarding the above, please do not hesitate to contact us.

Thanking you in advance for your understanding, I remain:

Sincerely,



Maritza Prados
Secretary

MP:ms
cc: (3)