2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099240

1. Entity Name
Insurance Headquarter, Inc.

Principal Place of Business
1800 W. 49 St. #230
Hialeah, Fla. 33012

Mailing Address
Same

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

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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0962930 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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
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) ☐
FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

PRESIDENT / P/D
Joseph Quintana
4440 W. Flagler St. #1
Miami, Fla. 33134

VICE PRESIDENT/VP
ERNESTO SANCHEZ
3754 OAK RIDGE CIR.
WESTON, FLA. 33331

SECRETARY/S
MARIA PRADOS
10315 NW 9 St Circle #407
Miami, Fla. 33172

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****400.00 ****400.00

10/28

CR2E034 (9/99)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P99240

A00067253

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)