

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 697826

1. Entity Name

AIB CLAIMS MANAGEMENT, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91131 036 ***150.00

Principal Place of Business

2500 NW 79 AVE
MIAMI FL 33122
US

Mailing Address

2500 NW 79 AVE
MIAMI FL 33122
US

A0001400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2115058

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLOUGHLIN, LINDA G
2500 NW 79TH AVE.
MIAMI FL 33122

Name ALVAREZ, ANETTE R.

Street Address (P.O. Box Number is Not Acceptable)

Same

City

FL

Zip Code

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 reinstating)

DATE 4/27/01

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, 2001 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 DC
NAME ALVAREZ, JOSE M.
STREET ADDRESS 2500 NW 79TH AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME VALDES-FAULI, JUAN P
STREET ADDRESS 2500 NW 79 AVE
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VTD
NAME TORGAS, ED S
STREET ADDRESS 2500 NW 79 AVE
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVAS
NAME SOTO, JOHN M
STREET ADDRESS 2500 NW 79 AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME MCLOUGHLIN, LINDA G
STREET ADDRESS 2500 NW 79 AVE
CITY-ST-ZIP MIAMI FL 33122 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME VALDES-FAULI, MARLEN
STREET ADDRESS 2500 NW 79 AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(305) 715-0000

Daytime Phone #

CR2E034 (10/00)