## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

F01000003826

1. Entity Name

**GLOBAL CLAIMS & CO** 

Principal Place of Business

Mailing Address

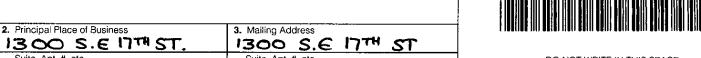
2170 S.E. 17TH STREET CAUSEWAY, STE. 307

FT. LAUDERDALE FL 33316-3137

FORT LAUDENDALE

2170 S.E. 17TH STREET CAUSEWAY, STE. 307

FT. LAUDERDALE FL 33316-3137



Suite, Apt. #, etc. 219

City & State

4. FEI Number FORT LAUDENDALE FL

NOT APPLICABLE

7. Name and Address of New Registered Agent

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

33316 6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

219

City & State

Country USA 33316

Country

Certificate of Status Desired

Fee Required

FILED

05-19-2002 90177 049 \*\*\*150.00

May 19, 2002 8:00 am Secretary of State

PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BLVD., 43RD FLOOR **MIAMI FL 33131** 

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

City

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

111

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

(NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be

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, 2002 Fee will be \$550.00 Make Check Payable to Department of State

12.

NAME

STREET ADDRESS

STREET ADDRESS

10. Election Campaign Financing Trust Fund Contribution.

Added to Fees

STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

☐ Delete SMITH, NICHOLAS C 2170 S.E. 17TH STREET CAUSEWAY, STE. 307 FT. LAUDERDALE FL 33316-3137

OFFICERS AND DIRECTORS

CITY-ST-ZIE ☐ Delete TITLE NAME

SMITH, NICHOLAS C 1300 S.E 17TH ST. - SUITE ZIA FURT LAUDENDALE FL 3331C

☐ Change

Addition

☐ Addition

(9/01)

CR2E034

CITY-ST-ZIP ☐ Delete TITLE NAME

☐ Delete

☐ Delete

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

☐ Change ☐ Addition

TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS ☐ Change

☐ Change

☐ Addition

☐ 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 April '02 954 5 27 1314