

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

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

**DOCUMENT # F01000003826**

**1. Entity Name**  
**GLOBAL CLAIMS & CO**

**Principal Place of Business**      **Mailing Address**  
**2170 S.E. 17TH STREET CAUSEWAY, STE. 307**      **2170 S.E. 17TH STREET CAUSEWAY, STE. 307**  
**FT. LAUDERDALE FL 33316-3137**      **FT. LAUDERDALE FL 33316-3137**

**2. Principal Place of Business**      **3. Mailing Address**  
**1300 S.E. 17TH ST.**      **1300 S.E. 17TH ST**

**Suite, Apt. #, etc.**  
**219**      **219**

**City & State**      **City & State**  
**FORT LAUDERDALE FL**      **FORT LAUDERDALE FL**

**Zip**      **Country**      **Zip**      **Country**  
**33316**      **USA**      **33316**      **USA**

**4. FEI Number**      **NOT APPLICABLE**      **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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

**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**

**10. Election Campaign Financing**      ☐      **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**\*11. OFFICERS AND DIRECTORS**

**TITLE**      **P**      ☐ Delete  
**NAME**      **SMITH, NICHOLAS C**  
**STREET ADDRESS**      **2170 S.E. 17TH STREET CAUSEWAY, STE. 307**  
**CITY-ST-ZIP**      **FT. LAUDERDALE FL 33316-3137**

**TITLE**      ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**      **P**      ☒ Change      ☐ Addition  
**NAME**      **SMITH, NICHOLAS C**  
**STREET ADDRESS**      **1300 S.E. 17TH ST. - SUITE 219**  
**CITY-ST-ZIP**      **FORT LAUDERDALE FL 33316**

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

**TITLE**      ☐ Change      ☐ Addition  
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**CITY-ST-ZIP**

**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:**      **N. C. Smith**      **26 April '02**      **954 527 1314**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)