

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **FA8000005717**

1. Entity Name

Car Rental Claims, Inc.

FILED

02 AUG 20 AM 9:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 S. Andrews Ave.

3. Mailing Address

200 S. Andrews Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

Zip

33301

Country

05/01/02-91514 039-\$150.00

4. FEI Number

41-1921483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Rd.

City

Plantation

FL

Zip Code

33301

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **P**
NAME **Lawrence Ramaekers**
STREET ADDRESS **200 S. Andrews Ave.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE **DV**
NAME **Wayne Moor**
STREET ADDRESS **200 S. Andrews Ave.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE **DVS**
NAME **Howard D. Schwartz**
STREET ADDRESS **200 S. Andrews Ave.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE **DV**
NAME **Mary Wood**
STREET ADDRESS **200 S. Andrews Ave.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE **TV**
NAME **Leland F. Wilson**
STREET ADDRESS **200 S. Andrews Ave.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard D. Schwartz, Secretary

954-320-4000

Date

Daytime Phone #

4/15/02

CR2E034B (12/01)



2052

August 13, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Uniform Business Report

Dear Sir or Madam:

Enclosed is a copy of the uniform business report for Car Rental Claims, Inc. which has been previously submitted to your office. Please note that I have previously re-submitted the same due to the correction requested by your office, however your office claims to have not received the correction document. This letter is a request for all penalty fees to be waived.

Please do not hesitate to call me should you have any questions. Thank you.

Sincerely yours,

Iris Bakar
Corporate Paralegal