

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90076 014 ***150.00

DOCUMENT # G78970

1. Entity Name
TRAVEL ADJUSTERS OF FT. LAUDERDALE, INC.

| | |
|---|--|
| Principal Place of Business 5601 N.W. 15TH AVENUE FT. LAUDERDALE FL 33306 | Mailing Address 5601 N.W. 15TH AVENUE FT. LAUDERDALE FL 33351-6638 |
|---|--|

| | |
|---|-----------------------|
| 2. Principal Place of Business <i>4851 NW 103rd ave</i> | 3. Mailing Address |
| Suite, Apt. #, etc. <i>#44F</i> | Suite, Apt. #, etc. |
| City & State <i>Sunrise Fla</i> | City & State |
| Zip <i>33351</i> | Country <i>USA</i> |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
POSNER, RUSSELL
3529 W PINE ISLAND RD
SUNRISE FL 33351

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 *Russell Posner*
Signature, type 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, 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 | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST POSNER, RUSSELL 5601 NW 15TH AVE FT LAUDERDALE FL 33309 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 information stated.

SIGNATURE: *Russell Posner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL POSNER
 Date *4/29/00* Daytime Phone # *954 246 3134*

CR2E034 (9/99)