

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90459 026 ***150.00

0143477 AV

DOCUMENT # J76015

1. Entity Name

ALL MEDICAL INSURANCE CONSULTANTS, INC.

Principal Place of Business

% CLAUDE M. DAVIS
 5805 BLUE LAGOON DR.,#130
 MIAMI FL 33126

Mailing Address

% CLAUDE M. DAVIS
 5805 BLUE LAGOON DR.,#130
 MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

90 CLAUDE DAVIS

Suite, Apt. #, etc.

P.O. Box 170065

City & State

MIAMI, FL

Zip

33017-0065

Country

MIAMI/DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2816769

Applied For

Not Applicable

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

DAVIS, CLAUDE M.
 5805 BLUE LAGOON DR.,#130
 MIAMI FL 33126

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DAVIS, CLAUDE M.
 CITY-ST-ZIP 6434 NW 199TH LANE
 MIAMI FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DAVIS, AMPARO
 CITY-ST-ZIP 6434 NW 199TH LANE
 MIAMI FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)