

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003310

1. Entity Name

CLAIMS COLLECTION AND PROCESSING, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 1:12

Principal Place of Business

1180 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062-4373

Mailing Address

1180 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062-4322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0894241

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MISHAN, STEVEN ESQ.

200 SOUTH BISCAYNE BLVD., SUITE 2350

MIAMI FL 33131

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MASSINGILL, JOAN
STREET ADDRESS 1180 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP POMPANO BEACH FL 33062-4373

☐ Change ☐ Addition
800003187568--7
-03/28/00--01081--008
*****50.00 *****50.00

TITLE MGR ☐ Delete
NAME ROTH, ROBERT
STREET ADDRESS 5660 GRIFFIN ROAD
CITY-ST-ZIP FORT LAUDERDALE FL 33314

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME CUSHMAN, ALLEN
STREET ADDRESS 3325 FOREST HILL BLVD.
CITY-ST-ZIP WEST PALM BEACH FL

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)