

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90190 026 ***150.00

DOCUMENT # M19956

1. Entity Name
CORPORATE CLAIM SERVICES, INC.

Principal Place of Business
3915 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address
3915 BISCAYNE BLVD.
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2572538**

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

JUNGER, GUY M
3915 BBISCAYNE BLVD.
MIAMI FL 33137

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DCV
ESPIN, ROBERTO J
3915 BISCAYNE BLVD.
MIAMI FL 33137 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DCP
Espin, Roberto
3915 Biscayne Blvd.
Miami, FL 33137 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
CUADRA, HENRY
3915 BICAYNE BLVD.
MIAMI FL 33137 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
Walton, Kevin
3915 Biscayne Blvd.
Miami, FL 33137 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TDSV
LOPEZ, JUAN
3915 BISCAYNE BLVD.
MIAMI FL 33137 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TS
Aldulaimi, Rachael
3915 Biscayne Blvd.
Miami, FL 33137 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
STAR, WILLIAM
3915 BISCAYNE BLVD.
MIAMI FL 33137 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
JACKSON, SHAUN
3915 BISCAYNE BLVD.
MIAMI FL 33137 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V
ALVAREZ, LUIS
3915 BISCAYNE BLVD
MIAMI FL 33137 ☒ Delete

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

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 #

4/23/01 (305) 576-1115 x209

CR2E034 (10/00)

0167359