

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90346 048 \*\*\*\*61.25

DOCUMENT # *N16988*

1. Entity Name

*SOUTH FLORIDA CLAIMS ASSOCIATION, INC.*

**DO NOT WRITE IN THIS SPACE**

**B0053853**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*To RONALD P. PONZOLI*

Suite, Apt. #, etc.

*3250 MARY ST SUITE 302*

City & State

*MIAMI FL*

Zip

*33133*

Country

*USA*

3. Mailing Address

Suite, Apt. #, etc.

*SAME*

*AS*

City & State

*# 2*

Zip

Country

4. FEI Number

*59-2646500*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*RONALD P. PONZOLI*

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

*3250 MARY ST SUITE 302*

City

*MIAMI*

**FL**

Zip Code

*33133*

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*P/D*  
*JOHN RUMPLASCH*  
*1025 BAYSIDE LN*  
*WESTON, FL 33326*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*V/D*  
*JOSEPH FARLS*  
*7603 SW 105 AVE*  
*MIAMI FL 33173*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*S/D*  
*DANIEL FARRELL*  
*1600 W. COMMERCIAL BLVD*  
*FT. LAUD., FL 33309*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*T/D*  
*RICHARD G. OLYMPIO*  
*9250 W. FLAGLER ST*  
*MIAMI FL 33174*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*D*  
*MARY BERGQUIST*  
*6512 HOLLYWOOD BLVD*  
*HOLLYWOOD FL 33024*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*RICHARD G. OLYMPIO*

*3-19-02*

Date

*305-552-3867*

Daytime Phone #

CR2E037B (12/01)

CK # 2063