## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## P00000040205 DOCUMENT #

1. Entity Name

Principal Place of Business

FINANCIAL CLAIMS & SERVICING INC.

**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90671 016 \*\*\*150.00

5604 DAWSON ST HOLLYWOOD FL 33023		5604 DAWSON ST HOLLYWOOD FL 33023			70007535		
Place of Business	3. Mailing Address						
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc. City & State			CHECK HERE IF MAKING CHANGES  4. FEI Number 65-1002265 Applied For		
6. Name and Address of Current	Registered Agent	i	T	7. N	lame and Address of New Regis		equirea
DALALI MADIA			Name		<u> </u>		
PALAU, MARIA			Street Addre	ss (P.O. Bo	ox Number is Not Acceptable)		<del></del>
							<del></del>
			City			<b>■</b> Zir	Code
e named entity submits this statement for	or the purpose of ch	enging its regists	1		- Late to the October of Fig. 24		
tions of registered agent.	Tate parpose of cit	anging its register	rea onice or regi	stered age	nt, or both, in the State of Florida.	l am familiar	with, and accept
Signature, typed or printed name of registered agent of	and title if applicable.	(NOTE: Register	ed Agent signature requ	uired when rein	nstating)	DATE	<del></del>
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financir     Trust Fund Contribution.	~ <b>_ </b>	55.00 May Be Added to Fees
OFFICERS AND		11.		ADD	DITIONS/CHANGES TO OFFICERS	S AND DIREC	TORS IN 11
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3423 NE 171ST STREET		STR	EET ADDRESS				
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PALAU, GILBERT	L D					☐ Cha	inge 🗌 Addition
3423 NE 171ST STREET NORTH MIAMI FL 33160		STRE	EET ADDRESS	-	-		
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		NAME	<u>.</u>				
			ET ADDRESS				
	Place of Business  It. #, etc.  Country  6. Name and Address of Current  MARIA  171ST STREET  MIAMI FL 33160  e named entity submits this statement for  tions of registered agent.  Signature, typed or printed name of registered agent agent agent agent.  FILE NOW!!! FEE IS \$150.00  or May 1, 2003 Fee will be \$550.00  k Payable to Florida Department of  OFFICERS AND I  PALAU, MARIA  3423 NE 171ST STREET  NORTH MIAMI FL 33160  VD  PALAU, GILBERT  3423 NE 171ST STREET	D FL 33023  Place of Business  3. Mailing Add t. #, etc.  Country  Zip  6. Name and Address of Current Registered Agent  MARIA 171ST STREET  MIAMI FL 33160  e named entity submits this statement for the purpose of chations of registered agent.  Signature, typed or printed name of registered agent and little if applicable.  FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State  OFFICERS AND DIRECTORS  PSD PALAU, MARIA 3423 NE 171ST STREET NORTH MIAMI FL 33160  De  De  De  De	Place of Business  3. Mailing Address  t. #, etc.  Suite, Apt. #, etc.  Country  Zip  Country  Zip  Country  Zip  Country  AMARIA  171ST STREET  MAMIFL 33160  enamed entity submits this statement for the purpose of changing its register tions of registered agent.  Signature, typed or protod name of registered agent and life if applicable. (NOTE: Register tions of registered agent)  PSD  OFFICERS AND DIRECTORS  PSD  PALAU, MARIA  3423 NE 171ST STREET  NORTH MIAMI FL 33160  VD  Delete  TITLE  NORTH MIAMI FL 33160  Delete  TITLE  NAM  STRE  CITY  Delete  TITLE  NAM  STRE  CITY  Delete  TITLE  NAM  STRE  CITY  Delete  TITLE  TITLE  TITLE  Delete  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  Delete  TITLE  TITLE	DO FI 33023  DO FI 33023  Place of Business  J. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  ARRIA  171ST STREET  IIIAMI FI 33160  City  Signature, hyped or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  k Payable to Florida Department of State  OFFICERS AND DIRECTORS  PALAU, MARIA  3423 NE 171ST STREET  NORTH MIAMI FL 33160  VD  PALAU, GILBERT  3423 NE 171ST STREET  NORTH MIAMI FL 33160  VD  PALAU, GILBERT  3423 NE 171ST STREET  NORTH MIAMI FL 33160  VD  POPALAU, GILBERT  AVAIC  STREET ADDRESS  CITY-51-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-51-ZIP  Delete  TITLE	DO FI 33023 HOLLYWOOD FL 33023  Place of Business	Place of Business  3. Mailing Address  1. if, etc.    CHECK HERE IF M.	Pilace of Business I. #, etc.   Suite, ApJ. #, etc.   CHECK HERE IF MAKING CHAN  All for the country   Zip   Country   S. Certificate of Status Desired   Se. 7.  G. Name and Address of Current Registered Agent   Name  ARIA   TIST STREET   All for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar titors of registered agent and the respirable.   #OTE Registered agent, or both, in the State of Florida. I am familiar titors of registered agent and the respirable.   #OTE Registered agent, or both, in the State of Florida. I am familiar titors of registered agent and the respirable.   #OTE Registered agent, or both, in the State of Florida. I am familiar titors of registered agent and the respirable.   #OTE Registered agent, or both, in the State of Florida. I am familiar titors of registered agent or the purpose of changing its registered agent, or both, in the State of Florida. I am familiar titors of registered agent and the respirable.   #OTE Registered agent, or both, in the State of Florida. I am familiar titors of registered agent and the respirable.   #OTE Registered agent, or both, in the State of Florida. I am familiar titors of registered agent or both, in the State of Florida. I am familiar titors of registered agent.   #OTE Registered agent, or both, in the State of Florida. I am familiar titors of registered agent.   #OTE

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR