

**FOR PROFIT CORPORATION
2004 UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000041497	
1. Entity Name	
Insurance Claims Management Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1 NW 89 Street		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, FL			
Zip	Country	Zip	Country
33150			

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-1002005		<input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
Stan Bienaime	
Street Address (P.O. Box Number is Not Acceptable)	
1 NW 89 Street	
City	Zip Code
Miami	33150

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Stan Bienaime
STREET ADDRESS	1 NW 89 Street
CITY-ST-ZIP	Miami, FL 33150
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Stan Bienaime
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stan Bienaime, President

Date

(305) 762-7313

Daytime Phone #