

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90210 005 ***150.00

DOCUMENT # P00000058153

1. Entity Name
FLORIDA ADJUSTING SERVICES TEAM, INC.

Principal Place of Business

7324 NW 46 ST
MIAMI FL 33166

Mailing Address

7324 NW 46 ST
MIAMI FL 33166

2. Principal Place of Business

6804 SW 114 PLACE

Suite, Apt. #, etc.

Suite A

City & State
Miami, FL

Zip
33173

Country
USA

3. Mailing Address

6804 SW 114 PLACE

Suite, Apt. #, etc.

Suite A

City & State
Miami, FL

Zip
33173

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1016032**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, NANCY
7324 NW 46 ST
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
Nancy A Dominguez

Street Address (P.O. Box Number is Not Acceptable)
6804 SW 114th Place

Suite A

City
miami,

FL

Zip Code
33173

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 *Nancy A Dominguez*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/02

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, 2002 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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DOMINGUEZ, NANCY A 7324 NW 46TH ST MIAMI FL 33166 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Nancy A Dominguez 6804 SW 114 Place, Suite A. Miami, FL 33173 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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

1/7/02

Date

305-596-3278

Daytime Phone #

CR2E034 (9/01)