## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 20, 2001 8:00 am § Secretary of State P00000115977 DOCUMENT # 1. Entity Name NATIONS ADJUSTERS, INC. 08-20-2001 90073 044 \*\*\*150.00 Principal Place of Business Mailing Address 18520 NW 67 AVE STE 175 18520 NW 67 AVE STE 175 UUU04387 MIAMI FL 33015-3302 MIAMI FL 33015-3302 2. Principal Place of Business 3. Mailing Address 15/65 NW 77 4/1 151 65 NW 77AVR Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 1006 City & State 4. FEI Number Applied For Mi AM I 65-107181 Not Applicable Country / 330 14 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -409AM SELASCOCO -GONZALEZ, MARIA C Street Address (P.O. Box Number is Not Acceptable) 18520 NW 67 AVE STE 175 MIAMI FL 33015-3302 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ■ Addition CR2E034 (5/01 ☐ Change GONZALEZ, MARIA C NAME NAME STREET ADDRESS 6651 NW 174TH LANE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SALON, MARISOL NAME STREET ADDRESS 1374 NE 143RD STREET STREET ADDRESS CITY-ST-ZIP N MIAMI FL 33162 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NODAL: MARIA E NAME STREET ADDRESS 1275 NE 142ND STREET STREET ADDRESS CITY-ST-ZIP N MIAMI FL 33162 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

**FILED** 

<u> 00PP-518</u>

## Nations Adjusters for the Dublic" S.M.

BOULD 307

August 14, 2001

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FI 32302-1500

Dear Sir or Madam:

Firstly, let me thank you for your assistance when calling your office. Your staff was very helpful.

Let me explain why I have not paid for this prior to today and it is due to the fact that this is the first document that I have received on this matter.

If you would be so kind and take note of our new business address and the address of the registered agent I would really appreciate it and that way in the future I would not have this problem.

Thanking you in advance for all of your help in this matter.

I remain,

Maria C. Gonzalez