

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90142 044 ***150.00

DOCUMENT # P01000070645

1. Entity Name:

All About Claims, Corp. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8700 W. Sunrise Blvd.

Suite, Apt. #, etc.

C-6

3. Mailing Address

Suite, Apt. #, etc.

City & State

Plantation, FL.

City & State

Zip

33322

Country

USA

Zip

Country

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

TERAD C. CANTOR

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

4000 Hollywood Blvd. #2655

City

Hollywood

FL

Zip Code

33021

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

4/22/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.D.
Robert St. Aubin, Jr.
8700 W. Sunrise Blvd. C-6
Sunrise, FL. 33322

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/02

Do not sign here

CR2E034B (12/01)

ATTACH # P01000020645
Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0033

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
ALL ABOUT CLAIMS CORP.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
8200 W. SUNRISE BLVD, #C6

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
PLANTATION, FL. 33322

5b City, state, and ZIP code

6 County and state where principal business is located
BROWARD Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶
Robert St. Aubin, JR 114-44-1214

8a Type of entity (Check only one box.) (see instructions)

☐ Sole proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶

☐ Other (specify) ▶

☐ Personal service corp.

☐ National Guard

☐ Farmers' cooperative

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☒ Other corporation (specify) ▶ **Subchapter S**

☐ Trust

☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated State

Florida

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ▶ **Auto**

claims adjusting

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ▶

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
2/26/01

11 Closing month of accounting year (see instructions)
12/31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ▶ **Auto claims adjusting**

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ▶

☐ Yes

☒ No

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)

☐ Other (specify) ▶

☒ Business (wholesale)

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.

☐ Yes

☒ No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Robert A. St. Aubin, JR.

Business telephone number (include area code)

(954) 476-9571

Fax telephone number (include area code)

()

Name and title (Please type or print clearly.) ▶

Signature ▶ **Robert St. Aubin**

Date ▶ **4/22/02**

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying