

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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90835 029 \*\*\*150.00

**DOCUMENT # P02000024830**

1. Entity Name  
**HEAVY EQUIPMENT CLAIMS OF FLORIDA, INC.**



Principal Place of Business  
**6250 SEDGEWYCK CIRCLE WEST  
DAVIE, FL 33331**

Mailing Address  
**6250 SEDGEWYCK CIRCLE WEST  
DAVIE, FL 33331**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**2431 SOUTH STATE ROAD 7**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 267652**  
Suite, Apt. #, etc.

City & State  
**DAVIE FLORIDA**

City & State  
**WESTON FLORIDA**

4. FEI Number  
**30-0073764**

Applied For  
 Not Applicable

Zip Country  
**33317 BROWARD**

Zip Country  
**33326 BROWARD**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DADE COUNTY CORPORATE AGENTS, INC.  
20801 BISCAYNE BOULEVARD, SUITE 506  
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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

**FILED NOW WITH FEE OF \$150.00**  
Fees May Vary From Unit to Another  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FEINBERG, MARK</b>	
STREET ADDRESS	<b>6250 SEDGEWYCK CIRCLE WEST</b>	
CITY-ST-ZIP	<b>DAVIE, FL 33331</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARROLD, DALE</b>	
STREET ADDRESS	<b>1653 SPRINGSIDE DRIVE</b>	
CITY-ST-ZIP	<b>WESTON, FL 33326</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Feinberg  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-18-03** **9545837989**  
Date Contact Phone #

CRZE034 (10/02)