

2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED ATX1
Aug 14, 2006 08:00 A
Secretary of State

DOCUMENT #	P02000112806
1. Entity Name	
GUERRA CLAIMS CONSULTANTS INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3551 NW 79 AVENUE		8360 WEST FLAGLER STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
206			
City & State		City & State	
DORAL, FL		MIAMI, FLORIDA	
Zip	Country	Zip	Country
33122-1019	US	33144	US

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4. FEI Number		Applied For	
55-0803328		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name
GUERRA, JOHN C.
Street Address (P.O. Box Number is Not Acceptable)
3551 NW 79 AVENUE
City
DORAL
Zip Code
33122

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

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

11.

TITLE	PD	TITLE	
NAME	GUERRA, JOHN C	NAME	
STREET ADDRESS	3551 NW 79 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DORAL, FL 33122	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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:

JOHN GUERRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #