FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90022 045 ***150.00

DOCUMENT # P03000009513

1. Entity Name
FAIR CLAIMS Adjusting & APPRAISAL SERVICE INC

DO NOT WRITE IN THIS SPACE

54061456

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15981 S.W 44th St
Suite, Apt. #, etc.
City & State: Miami
Zip: 33185 Country: Miami Dade

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 42-1576907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: JACQUELINE MARCOTE
Street Address (P.O. Box Number is Not Acceptable): 15981 SW 44th St
City: Miami FL Zip Code: 33185

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: Jacqueline Marcote 07/06/04
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

TITLE	PST D-
NAME	JACQUELINE Marcote
STREET ADDRESS	15981 SW 44th St
CITY-ST-ZIP	Miami, Fl 33185
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CR2E034B (12/02)

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: Jacqueline Marcote 07/06/04 305 5597099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #