

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90068 012 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000068874

1. Entity Name
AMC ADJUSTERS, INC.

Principal Place of Business 10288 SHIREOAKS LANE BOCA RATON FL 33498	Mailing Address 10288 SHIREOAKS LANE BOCA RATON FL 33498-6452 US
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2. Principal Place of Business 7716 DOUBLETOWN DR. Suite, Apt. #, etc.	3. Mailing Address 7716 DOUBLETOWN DR. Suite, Apt. #, etc.
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City & State DELRAY BCH FLA	City & State DELRAY BCH FLA	4. FEI Number 65-0438557	Applied For Not Applicable
Zip 33446	Country PALM BCH	Zip 33446	Country PALM BCH

6. Name and Address of Current Registered Agent

CHAZAN, MARVIN H
10288 SHIRE OAKS LN
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name **MARVIN H CHAZAN**

Street Address (P.O. Box Number is Not Acceptable)
7716 DOUBLETOWN DR.

City **DELRAY BCH** FL Zip Code **33446**

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 *Marvin H Chazan* DATE _____

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 D NAME CHAZAN, MARVIN H STREET ADDRESS 10288 SHIREOAKS LANE CITY-ST-ZIP BOCA RATON FL 33498	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D NAME MARVIN H CHAZAN STREET ADDRESS 7716 DOUBLETOWN DR. CITY-ST-ZIP DELRAY BCH FLA 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Marvin H Chazan* **SIGNATURE REQUIRED** Date **3/4/00** Daytime Phone # **561-488-3005**

CR2E034 (9/99)