

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005292

1. Entity Name

PROFESSIONAL PUBLIC INSURANCE ADJUSTERS, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90095 023 \*\*\*150.00

Principal Place of Business

Mailing Address

~~5106 S.W. 6TH STREET~~  
~~MIAMI FL 33134~~

~~5106 S.W. 6TH STREET~~  
~~MIAMI FL 33134-1340~~

Suite #205-B

Suite #205-B

2. Principal Place of Business

3. Mailing Address

801 Monterey Street

801 Monterey Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Coral Gables, FL 33134

Coral Gables, FL 33134

City & State

City & State

4. FEI Number

65-0562745

Applied For

Not Applicable

Zip  
33134

Country  
Miami-Dade

Zip  
33134

Country  
Miami-Dade

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

801 Monterey Street, Suite #205-B

Coral Gables,

City

FL

Zip Code

33134

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

*Francis Venezia*

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

(NOTE: Registered Agent signature required when reinstating)

4/20/2000

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VENEZIA, FRANCES C	
STREET ADDRESS	<del>5106 S.W. 6TH STREET</del> 801 Monterey St	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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

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:

*Francis Venezia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/2000

CR2E034 (9/99)