

2001 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Sep 18, 2001 8:00 am
Secretary of State

08-06-2001 90007 012 ***150.00
 09-18-2001 90081 040 ***150.00

DOCUMENT # P95000005292

1. Entity Name

PROFESSIONAL PUBLIC INSURANCE ADJUSTERS, INC.

Principal Place of Business

801 MONTEREY ST., STE 205-B
 MIAMI FL 33134

Mailing Address

801 MONTEREY ST., STE 205-B
 MIAMI FL 33134

2. Principal Place of Business

Same as above
 Suite, Apt. #, etc.

3. Mailing Address

Same as above
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0562745

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VENEZIA, FRANCES C

801 MONTEREY ST., STE 205-B
 MIAMI FL 33134

Name: Frances C. Venezia % Professional

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

801 Monterey St.,
 Suite 205-B

Public Adjusters, Inc.

City Coral Gables, Florida, FL

Zip Code 33146

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

Frances C. Venezia

(NOTE: Registered Agent signature required when reinstating)

9/11/2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 VENEZIA, FRANCES C
 STREET ADDRESS 801 MONTEREY ST., STE 205-B
 CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances C. Venezia

(305) 440-8028

9/11/2001

Daytime Phone #

CR2E034 (5/01)