

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # P95000005292**  
1. Entity Name  
**PROFESSIONAL PUBLIC INSURANCE ADJUSTERS, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 22 AM 8:01

Principal Place of Business  
**801 MONTEREY ST., STE 205-B  
MIAMI FL 33134**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**801 Monterey Street**  
Suite, Apt. #, etc.  
**Suite # 205-B**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State

4. FEI Number  
**65-0562745**

Applied For  
Not Applicable

Zip  
**33134**

Country **Dade County**  
**USA**

Country

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

## 6. Name and Address of Current Registered Agent

**VENEZIA**  
**VENELIA, FRANCES C**  
**801 MONTEREY ST., STE 205-B**  
**MIAMI FL 33134**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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** ☐ Delete  
NAME **VENEZIA, FRANCES C**  
STREET ADDRESS **801 MONTEREY ST., STE 205-B**  
CITY-ST-ZIP **MIAMI FL 33134**

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 **900008598519**  
CITY-ST-ZIP **10/25/02--01098--006 \*\*150.00**

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

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

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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**

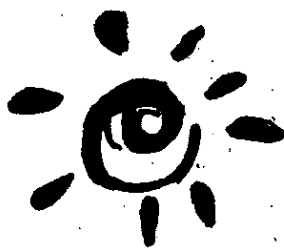
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/01/2002 301-0430**

Date

Daytime Phone #

CR2E034 (9/01)



## Professional Public Adjusters, Inc.

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October 16, 2002

Department of Corporation  
Uniform Business Report Filings  
P.O Box 1500  
Tallahassee, Florida 32302-1500

RE: Professional Public Adjusters, Inc.  
Camille Realty & Associates, Inc.

Dear Department of Corporations:

I am writing this letter and enclosing check number #2066 for Professional Public Adjusters, Inc. and check number #1253 for Camille Realty & Associates, Inc. for the payment required by the State of Florida for these two corporations.

Hopefully, I hope you will be kind enough after reading this letter to realize that the matter of sending these payments was unavoidable and now poses a serious financial burden on me as a single mother of two children with no other financial support. Additionally, I take care of my 85 year-old widowed mother who suffers from Alzheimers.

I have spent the first seven months of this year accompanying my mother to and from doctors, staying with her through panic attacks that would happen at her home and visiting her three and four times a day during numerous hospital stays. My office was nearly abandoned except for the efforts of my assistant who tried to keep my business afloat.

My mother was hospitalized approximately six times during the next four months making it impossible for me to juggle my own learning disabled child, tutoring for him, my other child, work, my mother, numerous trips to the doctors and South Miami Hospital, two households, etc. so I was guilty of not bringing the dogs back in a timely manner.

I was finally able to solicit the assistance of what is now the third companion for my mother so that I might work on a daily basis and care for my young children. I had to fire the first two companions for trying to sedate my Mother with illicit drugs, etc.

In the past, although it was a financial hardship with all the expenses of my children and mother on my shoulders, I have always contacted the State and made my payments. I have not received any late notices of fines, etc. but would like to make these payments immediately.

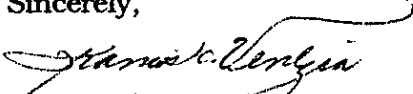
801 Monterey Street, Suite 205-B, Coral Gables, Florida 33134

October 17, 2002

Because of the financial, emotional and employment hardship I have suffered as a result of my Mother's situation and trying to be the best daughter during these trying times, I kindly request that any penalty fee be waived. I would request that leniency be shown for me under these dire circumstances, and that these enclosed payments be sufficient to keep both my corporations in good standing.

<sup>2002</sup>  
- Forms received just 10/01/02 - per Frances Venezia

Sincerely,

  
Frances C. Venezia

SENT VIA CERTIFIED RETURN RECEIPT REQUEST #7000-0600-0027-8299-3993  
C:\PPA Letter head black template DIVISION OF CORPORATIONS Camille Realty & PPA.dot