

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90006 019 ***150.00

DOCUMENT # P95000048435

1. Entity Name

NATIONAL ADJUSTMENT CORPORATION

Principal Place of Business

Mailing Address

**3909 N.E. 163 STREET
 SUITE 305
 N. MIAMI BEACH FL 33160**

**3909 N.E. 163 STREET
 SUITE 305
 N. MIAMI BEACH FL 33160-4126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0633016

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIMSLEY, CHARLES
 3909 N.E. 163 STREET
 3RD FLOOR
 N. MIAMI BEACH FL 33160**

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, 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	PD	<input type="checkbox"/> Delete
NAME	PARRILLO, RICHARD JR.	
STREET ADDRESS	3909 NE 163 ST 3RD FL	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARRILLO, MICHAEL	
STREET ADDRESS	815 W. VAN BUREN STREET, #400	
CITY-ST-ZIP	CHICAGO IL 60607	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIVARD, JEAN-GUY	
STREET ADDRESS	3909 N.E. 163 STREET, 3RD FLOOR	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRILLO, RICHARD SR.	
STREET ADDRESS	3909 N.E. 163 STREET, 3RD FLOOR	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PARRILLO, BEAU	
STREET ADDRESS	3909 N.E. 163 STREET, 3RD FLOOR	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTHY, BARBARA	
STREET ADDRESS	20 BAYBROOK LANE	
CITY-ST-ZIP	OKBROOK IL 60521	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RICHARD P. PARRILLO, JR.** **1/28/00** **(305) 933-5835**

Date

Daytime Phone #

CR2E034 (9/99)