

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **P97000073126**
1. Entity Name

Claims Management Center, Inc.

02 AUG 19 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Sent 4/18/02
CK 0100001553

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **200 S. Andrews Ave.**
Suite, Apt. #, etc.

3. Mailing Address **200 S. Andrews Ave.**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, FL
Zip **33301** Country

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4. FEI Number **05-0779218** Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

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

1200 S. Pine Island Rd.

City **Plantation** FL Zip Code **33301**

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 reissuing)

DATE

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

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P Lawrence Ramaekers 200 S. Andrews Ave. Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Wayne Moor 200 S. Andrews Ave. Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Howard D. Schwartz 200 S. Andrews Ave. Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Mary Wood 200 S. Andrews Ave. Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV Leland F. Wilson 200 S. Andrews Ave. Ft. Lauderdale, FL 33301
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IN THIS SPACE**

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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard D. Schwartz, Secretary 954-320-4000
4/15/02

CR2E034B (12/01)

4/15/02



August 13, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Uniform Business Report

Dear Sir or Madam:

Enclosed is a copy of the uniform business report for Claims Management Center, Inc., which has been previously submitted to your office. Please note that I have previously re-submitted the same due to the correction requested by your office, however your office claims to have not received the correction document. This letter is a request for all penalty fees to be waived.

Please do not hesitate to call me should you have any questions. Thank you.

Sincerely yours,

Iris Bakar
Corporate Paralegal