2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000022463 **DOCUMENT #**

1. Entity Name

TOTAL CLAIMS MANAGEMENT, INC.



Principal Place of Business Mailing Address 7875 BIRD ROAD 7875 BIRD ROAD 90013851 **SUITE 220 SUITE 220** MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0902517 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -.7. Name and Address of New Registered Agent SCHIFFRIN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) SUITE 1450 SUNTRUST INTERNATIONAL CENTRE ONE SE 3RD AVENUE MIAMI FL 33131 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete Addition TITLE Change SILVER, JOSEPH NAME NAME STREET ADDRESS 11100 SW 153RD CT STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MENDEZ, JUAN A NAME NAME STREET ADDRESS 11100 SW 153RD CT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP TITLE Delete ___ ŢITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-716 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90137 050 ***150.00

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 10 or Block 11 if changed, or on an attachment with an