

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90043 003 ***150.00

DOCUMENT # P99000070466

1. Entity Name
UNIVERSAL ADJUSTING CORPORATION

Principal Place of Business
 1920 E. HALLANDALE BEACH BLVD., STE. 802
 SUITE 905
 HALLANDALE FL 33009

Mailing Address
 1920 E. HALLANDALE BEACH BLVD., STE. 802
 SUITE 905
 HALLANDALE FL 33009



2. Principal Place of Business
 2875 NE 191 Street
 Suite, Apt. #, etc.
 Suite 305

3. Mailing Address
 2875 NE 191 Street
 Suite, Apt. #, etc.
 Suite 305

DO NOT WRITE IN THIS SPACE

City & State
 Miami Florida
 Zip Country
 33180 U.S.

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 Miami Florida
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4. FEI Number **65-0943395**
 Applied For
 Not Applicable

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

MILLER, TRAVIS L
 106 E. COLLEGE AVE., STE. 1200
 TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEIER, BRADLEY I 2875 NE 191 ST # 300 MIAMI FL 33180 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SLOGOFF, REED J 233 S. 6TH ST., APT. 812-H PHILADELPHIA PA 19106 | <input type="checkbox"/> Delete |
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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 lines empowered.

SIGNATURE: SIGNATURE **4-19-02** **305-466-0599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)