

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028150 AF

DOCUMENT # L00000006454

1. Entity Name  
MIAMI-DADE TITLE SERVICES, LLC

FILED

01 MAR 12 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 13125 SW 107TH TERRACE MIAMI FL 33186	Mailing Address 13125 SW 107TH TERRACE MIAMI FL 33186
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2. Principal Place of Business 9990 SW 77 Ave	3. Mailing Address 9990 SW 77 Ave
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Suite, Apt. #, etc. Suite 214	Suite, Apt. #, etc. Suite 214
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City & State Miami, FL	City & State Miami, FL
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Zip 33156	Country USA	Zip 33156	Country USA
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4. FEI Number 05-1018263	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

HERNANDEZ, VIVIAN  
13125 SW 107TH TERRACE  
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name  
Vivian Hernandez  
Street Address (P.O. Box Number is Not Acceptable)  
9990 SW 77 Ave  
Suite 214  
City  
Miami FL Zip Code  
33156

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 3-8-01

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

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Operating Manager Vivian Hernandez 9990 SW 77 Ave #214 Miami, FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Operating Manager Herventino Hernandez 9990 SW 77 Ave #214 Miami, FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Vivian Hernandez 9990 SW 77 Ave #214 Miami, FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003853841-0108 -03/15/01--01047--016 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DATE 3-8-01 DAYTIME PHONE # 305-270-0304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)