

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90050 033 \*\*\*\*50.00

**DOCUMENT # L00000006454**

1. Entity Name

**MIAMI-DADE TITLE SERVICES, LLC**

Principal Place of Business

**9990 SW 77 AVE., SUITE 214  
 MIAMI FL 33156**

Mailing Address

**9990 SW 77 AVE., SUITE 214  
 MIAMI FL 33156**

2. Principal Place of Business

**8900 SW 107 Ave**

3. Mailing Address

**8900 SW 107 Ave**

Suite, Apt. #, etc.

**Suite 305**

Suite, Apt. #, etc.

**Suite 305**

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**65-1018263**

Applied For

Not Applicable

Zip

Country

**33176 USA**

Zip

Country

**33176 USA**

5. Certificate of Status Desired

**\$5.00 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HERNANDEZ, VIVIAN  
 9990 SW 77 AVE  
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

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

**8900 SW 107 Ave  
 Suite 305**

City

**MIAMI**

FL

Zip Code

**33176**

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

**1-16-02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, VIVIAN</b>	
STREET ADDRESS	<b>9990 SW 77 AVE., #214</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, FLORENTINO</b>	
STREET ADDRESS	<b>9990 SW 77 AVE., #214</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>8900 SW 107 Ave #305</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33176</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>8900 SW 107 Ave #305</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33176</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*(Signature)*

**1-16-02 305-270-0304**

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

Date

Daytime Phone #

CR2E083 (9/01)