Amendment

02 JUN -5 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020758

1. Entity Name
United Title Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3900 N.W. 79th Avenue	3900 N.W. 79th Avenue
Suite, Apt. #, etc.: 332	Suite, Apt. #, etc.: 332
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33166 Country: USA	Zip: 33166 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1111717 ☐ 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: Ricardo Guardiola

Street Address (P.O. Box Number is Not Acceptable): 2180 S.W. 143 place

City: Miami FL Zip Code: 33175

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 required from person listed as registered agent, and title if applicable. (NOTE: Registered Agent signature required when name is being changed)

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	P/D
NAME	Ricardo Guardiola
STREET ADDRESS	2180 S.W. 143 place
CITY-ST-ZIP	Miami, FL 33175
TITLE	T
NAME	Yara P. Rubio
STREET ADDRESS	10811 S.W. 32 St.
CITY-ST-ZIP	Miami, FL 33165
TITLE	D
NAME	Maria E. Peña
STREET ADDRESS	2460 S.W. 137 ave. #248
CITY-ST-ZIP	Miami, FL 33175

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*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 6/17/02