

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90009 049 \*\*\*550.00

**DOCUMENT # P93000087127**

1. Entity Name  
**MUTUAL TRUST TITLE, INC.**

Principal Place of Business: 11410 N KENDALL DR #307 MIAMI FL 33176  
 Mailing Address: 11410 N KENDALL DR #307 MIAMI FL 33176

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **65-0455766** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GILMORE, MIRIAM**  
**11410 N KENDALL DR**  
**#307**  
**MIAMI FL 33176**

7. Name and Address of New Registered Agent  
 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: *Miriam Gilmore* DATE: *8/12/00*  
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.  **FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PD GILMORE, MIRIAM 11410 N KENDALL DR #307 MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: *Miriam Gilmore* DATE: *8/12/00* Daytime Phone #: *305-275-9225*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)