

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90301 001 ***150.00

DOCUMENT # P97000031051

1. Entity Name
ACME TITLE CO.

| | |
|--|---|
| Principal Place of Business 300 MERIDIAN AVE #6 MIAMI BEACH FL 33139 US | Mailing Address 300 MERIDIAN AVE #6 MIAMI BEACH FL 33139-8715 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|-----------------------------------|
| 2. Principal Place of Business <i>300 Meridian Ave #6</i> | 3. Mailing Address <i>SAME</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--|----------------------------|---|--|
| City & State <i>Miami Beach, FL</i> | City & State | 4. FEI Number 65-0744601 | Applied For <input type="checkbox"/> Not Applicable |
| Zip <i>33139</i> | Country <i>Dade/USA</i> | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2000 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 PAPELL, JEFFREY 300 MERIDIAN AVE #6 MIAMI BEACH FL 33139 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 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: _____ Date _____ Daytime Phone # _____

CR2E034 (9/99)