

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072880

Entity Name

NATIONS TITLE & FINANCIAL SERVICES CORPORATION

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90099 021 ***150.00

| | |
|-------------------------------|---|
| Principal Place of Business | Mailing Address |
| NW 79 AVE., S-326 FL 33166 | 3900 NW 79 AVE., S-326 MIAMI FL 33166-6547 |

00008280



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|-----------------------------|---------|---------------------|---------|----------------------------------|--|---|--|
| Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 65-0791967 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| RAMIREZ, MICHELLE 3900 NW 79 AVE., S-326 MIAMI FL 33166 | | | | Name RUBEN JIMENEZ Street Address (P.O. Box Number is Not Acceptable) 4032 SW 153RD COURT MIAMI FL 33185 City FL Zip Code | | | |

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE 1/14/00

| | | |
|--|---|---|
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|---|

| OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| D RAMIREZ, MICHELLE 3900 NW 79 AVE., S-326 MIAMI FL 33166 <input checked="" type="checkbox"/> Delete | TITLE D NAME RUBEN JIMENEZ STREET ADDRESS 4032 SW 153RD COURT CITY-ST-ZIP MIAMI FL 33185 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: [Signature] DATE: 1/14/00 DAYTIME PHONE: (305) 220-3888

CR2E034 (9/99)