2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90190 013 ***150.00

DOCUMENT # P98000026925

1. Entity Name

TRANS ATLANTIC TITLE & ESCROW, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~3121 PONCE DE LEON BLVD.~~ 3901 NW 79 AV ~~SUITE 920~~ Suite 107 ~~CORAL GABLES FL 33134~~ Miami, Fl 33166	2121 PONCE DE LEON BLVD. SUITE 920 CORAL GABLES FL 33134-5218

2. Principal Place of Business	3. Mailing Address
~~201 ALHAMBRA CIRCLE~~	201 Alhambra Circle.
Suite, Apt. #, etc. ~~502~~	Suite, Apt. #, etc. Suite 502
City & State ~~Coral Gables, FL~~	City & State Coral Gables, FL.
Zip ~~33134~~	Country ~~U.S.~~
Zip 33134	Country U.S.

4. FEI Number 65-0848552 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARVESU, MANUEL M ~~2121 PONCE DE LEON BLVD.~~ 3901 NW 79 Ave ~~SUITE 920~~ Suite 107 ~~CORAL GABLES FL 33134~~ Miami, Fl. 33166	Name: ARVESU MANUEL, M Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle. Suite-502 City: Coral Gables FL Zip Code: 33134

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: 2/11/2000

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. (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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	D ARVESU, MANUEL M ~~2121 PONCE DE LEON BLVD., SUITE 920~~ ~~CORAL GABLES FL 33134~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARVESU, MANUEL M. 201 Alhambra Circle Coral Gables, FL. 33134 ☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Maggie Salas 3901 NW 79 Ave. Ste. 107 Miami, Fl. 33166 ☐ Change ☒ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 2/11/2000 305-593-1260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #