

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 10, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000036538**

1. Entity Name  
 OLD FLORIDA TITLE COMPANY

Principal Place of Business 100 SE 6TH STREET  FT LAUDERDALE FL 33301	Mailing Address 100 SE 6TH STREET  FT LAUDERDALE FL 33301
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2. Principal Place of Business 20801 BISCAYNE BOULEVARD	3. Mailing Address 20801 BISCAYNE BOULEVARD
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Suite, Apt. #, etc. SUITE 400	Suite, Apt. #, etc. SUITE 400
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City & State AVENTURA FL	City & State AVENTURA FL
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Zip 33180	Country US	Zip 33180	Country US
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4. FEI Number <b>65-0832111</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

COHEN STEPHEN L.P.A.  
 100 SE 6TH STREET  
  
 FT LAUDERDALE FL 33301 US

**7. Name and Address of New Registered Agent**

Name COHEN STEPHAN LESQ.
Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BOULEVARD
SUITE 400
City AVENTURA FL
Zip Code 33180

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 STEPHAN L. COHEN 05/10/2001  
Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COHEN STEPHAN L 100 SE 6TH STREET FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COHEN STEPHAN L 20801 BISCAYNE BOULEVARD, SUITE 400 AVENTURA FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Stephan L. Cohen P 05/10/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)