

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90012 008 ***150.00

DOCUMENT # P99000065905

1. Entity Name

TITLE PARTNERSHIP OF AMERICA INC.

Principal Place of Business

Mailing Address

~~3785 NW 82 AVE STE 315~~
~~MIAMI FL 33166~~

~~3785 NW 82 AVE STE 315~~
~~MIAMI FL 33176 0938~~

2. Principal Place of Business

3. Mailing Address

1110 N. Kendall Drive
 Suite, Apt. #, etc. **Suite #200**

1110 N. Kendall Drive
 Suite, Apt. #, etc. **Suite #200**

City & State

City & State

Miami, FL

Miami, FL

Zip **33176** Country **DADE**

Zip **33176** Country **DADE**

4. FEI Number

65-0726821

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

7. Name and Address of New Registered Agent

DANIEL B. LAZAR PA
3785 NW 82 AVE STE 315
MIAMI FL 33166

Name **Daniel B. LAZAR, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

1110 N. Kendall Drive
Suite #200

City **Miami**

FL

Zip Code **33176**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/00

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	<input type="checkbox"/> Delete
PD	LAZAR, DANIEL B	3785 NW 82 AVE STE 315 1110 N. Kendall Dr. #200	MIAMI FL 33166 Miami, FL 33176	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Vice President	Patricia Hamm Lazar	1110 N. Kendall Drive #200	Miami, FL 33176	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00 (305) 595-2500

Date

Daytime Phone #

CR2E034 (9/99)