

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90063 005 ***150.00

DOCUMENT # P97000072880

1. Entity Name
NATIONS TITLE & FINANCIAL SERVICES CORPORATION

Principal Place of Business

3900 NW 79 AVE., S-326
MIAMI FL 33166

Mailing Address

3900 NW 79 AVE., S-326
MIAMI FL 33166

2. Principal F
4032
Suite, Apt
717 PONCE DE LEON BLVD. Suite 1. COURT
CORAL GABLES FL 33134

City & St
Miami FL

Zip
33185

4. FEI Number 65-0791967

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

JIMENEZ, RUBEN
4032 SW 153RD COURT
MIAMI FL 33185

Name JIMENEZ, RUBEN
Street Address (P.O. Box Number is Not Acceptable)
717 PONCE DE LEON BLVD.
S-231
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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
FEB 14/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME JIMENEZ, RUBEN
STREET ADDRESS 4032 S.W. 153RD COURT
CITY-ST-ZIP MIAMI FL 33185

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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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)