

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90063 005 ***150.00

DOCUMENT # 018199

1. Entity Name

NATIONAL TITLE INSURANCE COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
151 SW 27th Avenue

3. Mailing Address
151 SW 27th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number
59-0373580

☐ Applied For
☐ Not Applicable

Zip
33135

Country

Zip
33135

Country

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

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PD
NAME RANDOL, WILLIAM L JR
STREET ADDRESS 151 SW 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME MARCUS, ELIZABETH
STREET ADDRESS 151 SW 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME ALONSO, JOSE A.
STREET ADDRESS 151 SW 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RANDOL, BRENDA
STREET ADDRESS 151 SW 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME ROBERTSON, AUDREY
STREET ADDRESS 151 SW 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BEHRENS JR., H.E.
STREET ADDRESS 151 SW 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (305) 642-6220

Date

Daytime Phone #

CR2E034B (12/01)