2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # 258272** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name INTER-AMERICAN TITLE CORP. 04-21-2000 90074 001 ***300.00 Principal Place of Business Mailing Address 1318 N.W. 7TH STREET 1318 N.W. 7TH STREET MIAMI FL 33125 MIAMI FL 33125-3704 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For_ City & State 4. FEI Number City & State 59-1008046 Not Applicable Country \$8.75 Additional 'Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JAMES M. FORTAIN FEINSTEIN EDWARD -FEINSTEIN, EDWARD-Street Address (P.O. Box Number is Not Acceptable) 1720 WA-KEE-NA DR. 1318 NW 7TH ST 1318 N.W. 7TH ST. MIAMI FL 33/25 -MIAMI-FL-99125-Zip Code 33133 MIAMI changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose SIGNATURE (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if ap 9. This corporation is eligible to satisfy its Intangible FILE NOW!!!-FEE IS \$150.00 -10. Election Gampaign Financing **\$5:00**-May Be-Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. # PID ☐ Change TITLE Delete NAME PRESIDENT FEINSTEIN, EDWARD NAME JAMES M. FORTAIN terasi STREET ADDRESS STREET ADDRESS 1318 N.W: 7TH STREET 1720 WA-KEE-NA DR CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL 33125 MIAMI, FL 33133 Addition Change Delete TITLE EDWARD FEINSTEIN NAME GARCIA, LILIÁNA-NAME 16710 SENTERPA DR STREET ADDRESS STREET ADDRESS 1918 N.W. TH STREET CITY-ST-ZIP DELRAY BEACH CITY-ST-7IP ☐ Addition Change TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

3-21-00 (305) 324-4000