

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 528127

1. Entity Name

U.S. TITLE COMPANY

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90062 042 \*\*\*150.00

Principal Place of Business

Mailing Address

2121 PONCE DE LEON BLVD  
STE 505  
CORAL GABLES FL 33134  
US

2121 PONCE DE LEON BLVD  
STE 505  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

3. Mailing Address

306 Alcazar Avenue  
Suite, Apt. #, etc.  
203

306 Alcazar Avenue  
Suite, Apt. #, etc.  
203

City & State

City & State

Coral Gables FL

Coral Gables FL

Zip

Country

Zip

Country

33134 USA

33134 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1959502

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

LARRIERU, SILVIA L.

2121 PONCE DE LEON BLVD STE 505  
CORAL GABLES FL 33134

Name

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

306 Alcazar Avenue #203

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

4-19-2001

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 PD  
NAME LARRIERU, SILVIA L. ☐ Delete  
STREET ADDRESS 2121 PONCE DE LEON BLVD STE 505  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ Change ☐ Addition  
NAME 306 Alcazar Avenue #203  
STREET ADDRESS Coral Gables FL 33134  
CITY-ST-ZIP

TITLE V  
NAME LARRIERU, SILVIA L. ☐ Delete  
STREET ADDRESS 2121 PONCE DE LEON BLVD STE 505  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME LARRIERU, SILVIA L. ☐ Delete  
STREET ADDRESS 2121 PONCE DE LEON BLVD STE 505  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-2001 3054429715

CR2E034 (10/00)

0159738