

2001 UNIFORM BUSINESS REPORT (UBR)

0008692 AF

DOCUMENT # A00000000103

1. Entity Name

AFFILIATED ALLIANCE TITLE, LTD.

FILED

Principal Place of Business

117 N.E. FIFTH AVENUE
DELRAY BEACH FL 33483

Mailing Address

117 N.E. FIFTH AVENUE
DELRAY BEACH FL 33483

01 JAN 29 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

354 N.E. 1st Avenue

3. Mailing Address

354 N.E. 1st Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DeLray Beach, Florida

City & State

DeLray Beach, Florida

4. FEI Number

22-3700821

Applied For

Not Applicable

Zip

33444

Country

USA

Zip

33444

Country

USA

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

200003651388-1

-02/06/01--01110--013

City

***141.25 ***141.25

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. Capital Contributions as Shown on record.

\$7,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P00000001360
NAME SE VISTA TITLE COMPANY
STREET ADDRESS 117 N.E. FIFTH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/19/01

Date

561-278-5556

Daytime Phone #

CR2E003 (11/00)