

2001 UNIFORM BUSINESS REPORT (UBR)

0008640 AF

DOCUMENT # A00000000289

1. Entity Name

PREFERRED ALLIANCE TITLE, LTD.

FILED

nf

Principal Place of Business

117 NE FIFTH AVENUE
DELRAY BEACH FL 11743

Mailing Address

117 NE FIFTH AVENUE
DELRAY BEACH FL 11743

01 JAN 29 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

354 N.E. 1st Ave
Suite, Apt. #, etc.

3. Mailing Address

354 NE 1st Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach FL

City & State

Delray Beach, FL

4. FEI Number

22-3711513

Applied For

Not Applicable

Zip

Country

33444

Zip

Country

33444

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

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

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. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000016644
NAME STEPHENS TITLE CO.
STREET ADDRESS 117 NE FIFTH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 11743

STREET ADDRESS

CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E003 (11/00)