

1 of 2

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 18 PM 12: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
200021644972  
07/18/03--01060--018 \*\*150.00

**DOCUMENT # A99000000237**

1. Entity Name  
**TITLE SERVICES, LTD.**



Principal Place of Business 782 NW 42ND AVENUE SUITE 202 MIAMI, FL 33126	Mailing Address 782 NW 42ND AVENUE SUITE 202 MIAMI, FL 33126
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DUE BY MAY 1, 2003

4. FEI Number <b>65-0864650</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>FINLAY, JUSTA B 782 NW 42ND AVENUE SUITE 202 MIAMI, FL 33126</b>	7. Name and Address of New Registered Agent
	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$2,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	P96000064496	STREET ADDRESS	
NAME	TITLE SERVICES OF DADE COUNTY, INC.	CITY - ST - ZIP	
STREET ADDRESS	782 NW 42ND AVENUE		
CITY - ST - ZIP	MIAMI, FL 33126		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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CITY - ST - ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Justa B Finlay* President  
 TITLE SERVICES OF DADE COUNTY, INC.  
 JUSTA B FINLAY  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Attachment*

*202*

~~# A99000000237~~

Title Services, LTD.  
782 N.W. 42 Avenue, Suite 202  
Miami, FL 33126

July 2, 2003

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised that our company did not receive the Uniform Business Report form for filing before May 1, 2003. We contacted the office and were advised to send a letter stating we had not received it, the filled out form, and the initial \$150.00 fee. Please find all of the required documents enclosed.

If further information is required please contact me at 305-448-1202. Thanking you in advance for your help in the matter.

Sincerely,

Title Services of Dade, Inc. (General Partner)

  
By: Justa B. Finlay - President