

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F37278**1. Entity Name  
**UNIVERSAL TITLE INSURORS, INC.****Principal Place of Business**

730 NW 107 AVENUE

MIAMI

33172

FL

**Mailing Address**

C/O DAVID B. MCCAIN, ESQ.

700 NW 107 AVENUE

MIAMI

33172

FL

**2. Principal Place of Business****3. Mailing Address**

730 NW 107 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

MIAMI

FL

Zip

Country

Zip

Country

33172

**4. FEI Number****59-2114706**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

MCCAIN, DAVID B., ESQ.

700 NW 107 AVENUE

MIAMI

33172

FL

US

**7. Name and Address of New Registered Agent**

Name

MCCAIN DAVID BESQ

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

700 NW 107 AVENUE

City

MIAMI

FL

Zip Code

33172

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 **DAVID B. MCCAIN****01/11/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 VS ☐ Delete  
NAME MODIST DEBRA  
STREET ADDRESS 730 NW 107 AVE  
CITY-ST-ZIP MIAMI FL 33172TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VD ☐ Delete  
NAME REED, LINDA  
STREET ADDRESS 700 NW 107TH AVE  
CITY-ST-ZIP MIAMI FL 33172TITLE ☒ Change ☐ Addition  
NAME REED LINDA  
STREET ADDRESS 730 NW 107TH AVE  
CITY-ST-ZIP MIAMI FL 33172TITLE DV ☐ Delete  
NAME KAMINSKY, NANCY  
STREET ADDRESS 700 NW 107TH AVE  
CITY-ST-ZIP MIAMI FL 33172TITLE ☒ Change ☐ Addition  
NAME KAMINSKY NANCY  
STREET ADDRESS 730 NW 107TH AVE  
CITY-ST-ZIP MIAMI FL 33172TITLE DP ☐ Delete  
NAME MCREYNOLDS BEVERLY  
STREET ADDRESS 700 NW 107TH AVE  
CITY-ST-ZIP MIAMI, FL 00000 33172TITLE ☒ Change ☐ Addition  
NAME MCREYNOLDS BEVERLY  
STREET ADDRESS 700 NW 107TH AVE  
CITY-ST-ZIP MIAMI FL 33172TITLE DVT ☐ Delete  
NAME MUNOZ JANICE  
STREET ADDRESS 700 NW 107TH AVE  
CITY-ST-ZIP MIAMI, FL 00000 33172TITLE ☒ Change ☐ Addition  
NAME MUNOZ JANICE  
STREET ADDRESS 730 NW 107TH AVE  
CITY-ST-ZIP MIAMI FL 33172TITLE PDC ☐ Delete  
NAME PEKOR ALLAN  
STREET ADDRESS 700 NW 107TH AVE  
CITY-ST-ZIP MIAMI FL 33172TITLE ☒ Change ☐ Addition  
NAME PEKOR ALLAN J  
STREET ADDRESS 730 NW 107TH AVE  
CITY-ST-ZIP MIAMI FL 33172

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: **Janice Munoz**

VTD

01/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)