## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **F9400006394** Mar 22, 2000 8:00 am 1. Entity Name **Secretary of State** TITLE MANAGEMENT COMPANY OF TEXAS 03-22-2000 90182 043 \*\*\*150.00 Principal Place of Business Mailing Address 1868 N UNIVERSITY DRIVE 1868 N UNIVERSITY DRIVE #203 #203 PLANTATION FL 33322 PLANTATION FL 33322-4110 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 76-0298460 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATTHEW, KAYTON Street Address (P.O. Box Number is Not Acceptable) 2128 N BAY RD MIAMI BEACH FL 33140 Zip Code City FL 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. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition ☐ Delete TITLE KAYTON, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 2128 N BAY ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Addition ☐ Change ☐ Delete TITLE TITLE MATTHEW, KAYTON NAME NAME 2128 BAY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL Change ☐ Addition Delete TITLE MARK, KAYTON NAME NAME 10655 Memorial Drive Houston, TX 77024 2128 N BAY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEAHC FL CFO Addition ☐ Delete TITLE Change JUSTISON, JAMES J NAME NAME 1868 N UNIVERSITY DR STE 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33322** TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

3/20/00 954-424-6555

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