

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**  
 04-10-2002 90355 035 \*\*\*150.00

0276402 AV

**DOCUMENT # J29529**

1. Entity Name

**NESTOR MORALES TITLE INSURANCE AGENCY, INC.**

Principal Place of Business

**2450 SW 137 AVE., STE 221  
 MIAMI FL 33175**

Mailing Address

**2450 SW 137 AVE., STE 221  
 MIAMI FL 33175**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9192 Coral Way**

Suite, Apt. #, etc.

**Suite 201**

City & State

**Miami, Florida**

Zip **33165** Country **U.S.**

3. Mailing Address

**9192 Coral Way**

Suite, Apt. #, etc.

**Suite 201**

City & State

**Miami, Florida**

Zip **33165** Country **U.S.**

4. FEI Number

**59-2713584**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CABALLERO, MARCIA B**

**2450 SW 137 AVE**

**SUITE 221**

**MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name

**Caballero, Marcia B.**

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

**9192 Coral Way**

**Suite 201**

City

**Miami**

FL

Zip Code

**33165**

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

**3/6/02**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DURANZA, REGINA 2450 SW 137 AVE MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DURANZA, REGINA 2450 SW 137 AVE MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD CABALLERO, MARCIA B 2450 SW 137 AVE MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 former like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/02**

Date

Daytime Phone #

CR2E034 (9/01)