

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K53083

1. Entity Name

WESTWOOD NATIONAL TITLE COMPANY

Principal Place of Business

6505 BLUE LAGOON DRIVE
SUITE 240
MIAMI FL 33126-6001
US

Mailing Address

6505 BLUE LAGOON DRIVE
SUITE 240
MIAMI FL 33126-6011
US

2. Principal Place of Business

701 NW 62 AVE

Suite, Apt. #, etc.

SUITE 100

City & State

MIAMI FL

Zip

33126

Country

USA

3. Mailing Address

701 NW 62 Avenue

Suite, Apt. #, etc.

Suite 100

City & State

Miami Florida

Zip

33126

Country

USA

6. Name and Address of Current Registered Agent

CACICEDO, RAMON R. JR. ESQUIRE
6505 BLUE LAGOON DRIVE, SUITE 240
MIAMI FL 33126-6001

7. Name and Address of New Registered Agent

Name

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

701 NW 62 Avenue, Suite 100

City

Miami

FL

Zip Code
33126

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



Ramon R. Cacicedo Jr.

3-8-2000

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, 2000 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	PST	<input type="checkbox"/> Delete
NAME	CACICEDO, RAMON R. JR.	
STREET ADDRESS	6505 BLUE LAGOON DRIVE, SUITE 240	
CITY-ST-ZIP	MIAMI FL 33126-6001	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CACICEDO JR., RAMON R.	
STREET ADDRESS	6505 BLUE LAGOON DRIVE, SUITE 240	
CITY-ST-ZIP	MIAMI FL 33126-6001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	701 NW 62 Avenue, Suite 100	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	701 NW 62 Avenue, Suite 100	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramon R. Cacicedo Jr.

3-8-2000

Date

305-265-9463

Daytime Phone #

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90022 027 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0095826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)