

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K53083

1. Entity Name

WESTWOOD NATIONAL TITLE COMPANY

FILED
Jan 19, 2001 8:00 am
Secretary of State

0145597

01-19-2001 90075 046 ***150.00

004904



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|--|---------|
| Principal Place of Business | | Mailing Address | |
| 701 NW 62 AVE STE 100 MIAMI FL 33126 US | | 701 NW 62 AVE STE 100 MIAMI FL 33126 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| CACICEDO, RAMON R. JR. ESQUIRE 701 NW 62 AVE STE 100 MIAMI FL 33126 | | | |
| 7. Name and Address of New Registered Agent | | | |
| Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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. | | | |

SIGNATURE

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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|---|

| | | | | |
|--|--|---|--|---|
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST CACICEDO, RAMON R. JR. 701 NW 62 AVE STE 100 MIAMI FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP CACICEDO JR., RAMON R. 701 NW 62 AVE STE 100 MIAMI FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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CR2E034 (10/00)

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.

1-400 305-265-9463

Date

Daytime Phone #