

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K60958

1. Entity Name

BANKERS TITLE SERVICES CORP.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90004 048 ***150.00

Principal Place of Business 2151 S. LeJeune Rd #305
1401 PONGE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134

Mailing Address 2151 S. LeJeune Rd #305
1401 PONGE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134-0600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2151 S. LeJeune Rd
Suite, Apt. #, etc. 305

3. Mailing Address 2151 S. LeJeune Rd
Suite, Apt. #, etc. 305

City & State Coral Gables FL

Zip 33134 Country USA

4. FEI Number 65-0093755

Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTALVO, ARMANDO ESQ.
1401 PONGE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134 2151 S. LeJeune Rd #305

Name _____

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

City FL 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 _____ (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 ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P MONTALVO, ARMANDO <u>2151 S. LeJeune Rd</u> 1401 PONGE DE LEON BLVD., SUITE 200 <u>#305</u> CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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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
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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 other like empowered.

SIGNATURE: Armando Montalvo 4/25/2000 305 448 9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)