

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K92340

1. Entity Name

MGM TITLE COMPANY, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90027 041 ***150.00

Principal Place of Business

Mailing Address

3630 PALMM AVENUE
HIALEAH FL 33012

3630 PALMM AVENUE
HIALEAH FL 33012-2999

2. Principal Place of Business

1800 W. 49 ST.

3. Mailing Address

1800 W. 49 ST.

Suite, Apt. #, etc.

SUITE # 226

Suite, Apt. #, etc.

SUITE # 226

City & State

HIALEAH, FLA.

City & State

HIALEAH, FLA.

Zip

Country

33012 USA

Zip

Country

33012 USA

4. FEI Number

65-0121972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VERA, MARIA C.
3630 PALM AVENUE
MIAMI FL 33012

7. Name and Address of New Registered Agent

Name: MARIA C. GARCIA-SANCHEZ
Street Address (P.O. Box Number is Not Acceptable): 1800 W. 49 ST. STE #226
~~3630 PALM AVENUE~~
City: HIALEAH FL Zip Code: 33012

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]

PRESIDENT

2/17/00

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: DPT
NAME: VERA, MARIA C.
STREET ADDRESS: 5816 WEST 18TH AVE.
CITY-ST-ZIP: HIALEAH FL ☐ Delete

TITLE: DVS
NAME: SIVERIO, MAYRA
STREET ADDRESS: 3625 PALM AVE.
CITY-ST-ZIP: HIALEAH FL ☒ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DPT
NAME: MARIA C. GARCIA-SANCHEZ
STREET ADDRESS: 785 W. 71 PLACE
CITY-ST-ZIP: HIALEAH, FLA. 33014 ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

(305)
558-2852

CR2E034 (9/99)