

2001 UNIFORM BUSINESS REPORT (UBR)

0013259 AF

DOCUMENT # L00000010407

1. Entity Name
AMERICAN TITLE SERVICES, L.L.C.

FILED

01 APR 20 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
301 CLEMATIS ST., SUITE 206
WEST PALM BEACH FL 33401

Mailing Address
301 CLEMATIS ST., SUITE 206
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1032967

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANJIAN, ROBERT J
301 CLEMATIS ST., SUITE 206
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

TITLE NAME MGR
STREET ADDRESS TITLE MATTERS, LLC
CITY-ST-ZIP 301 CLEMATIS ST., SUITE 3000
WEST PALM BEACH FL 33401

☐ Delete

TITLE NAME MGR
STREET ADDRESS AMERICAN FLORIDA REALTY, INC.
CITY-ST-ZIP 1481 S. MILITARY TRAIL #12
WEST PALM BEACH FL 33415

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
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TITLE NAME
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CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

ADDITIONS/CHANGES
000004054020-9
-04/27/01--01027-039
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8 4/13/01 561
835-0535

CR2E083 (11/00)