

2001 UNIFORM BUSINESS REPORT (UBR)

001289 AF

DOCUMENT # L00000014433

1. Entity Name
EXECUTIVE TITLE, L.L.C.

FILED

01 MAY -1 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
20803 BISCAYNE BOULEVARD, SUITE 200
AVENTURA FL 33180

Mailing Address
20803 BISCAYNE BOULEVARD, SUITE 200
AVENTURA FL 33180



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1059297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEMAN, OLGA ESQ.
20803 BISCAYNE BOULEVARD, SUITE 200
AVENTURA FL 33180

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.

(NOT: Registered Agent signature required when reinstating)

DATE

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

600004287896--1
-05/22/01--01098--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BEDZOW, MICHAEL
STREET ADDRESS 20803 BISCAYNE BOULEVARD, SUITE 200
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4/30/01 305 936 2788
Date Daytime Phone #

CR2E083 (11/00)