

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90577 003 ****50.00

DOCUMENT # L00000015318

1. Entity Name

TITLE STRATEGIES, L.C.

Principal Place of Business

2701 LE JEUNE ROAD
 SUITE 345
 CORAL GABLES FL 33134

Mailing Address

2701 LE JEUNE ROAD
 SUITE 345
 CORAL GABLES FL 33134

957299



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

Suite 410

City & State

3. Mailing Address

Suite, Apt. #, etc.

Suite 410

City & State

4. FEI Number **APPLIED FOR**

65-112677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DE OLIVEIRA, CRISTINA
 2701 LE JEUNE ROAD
 SUITE 345
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

Suite 410

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/5/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGRM DE OLIVEIRA, CRISTINA** ☐ Delete
 STREET ADDRESS **2701 LE JEUNE ROAD**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE NAME **MGRM SIMONS, MICHAEL A** ☐ Delete
 STREET ADDRESS **2701 LE JEUNE ROAD**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
 STREET ADDRESS **Suite 410**
 CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
 STREET ADDRESS **Suite 410**
 CITY-ST-ZIP

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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]

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

4/5/02 305-444-9012

Date

Daytime Phone #

CR2E083 (9/01)