

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L17975

1. Entity Name

EXPRESS TITLE GROUP, INC.

FILED  
Apr 15, 2002 8:00 am  
Secretary of State

04-15-2002 90044 024 \*\*\*150.00

0255413 AV

Principal Place of Business

1367 N.E. 162ND STREET  
C/O PESETSKY & ZACK, P.A.  
NORTH MIAMI BEACH FL 33162

Mailing Address

1367 N.E. 162ND STREET  
C/O PESETSKY & ZACK, P.A.  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

17701 BISCAYNE BLVD.

3. Mailing Address

17701 BISCAYNE BLVD.

Suite, Apt. #, etc.

STE. 200

Suite, Apt. #, etc.

STE. 200

City &amp; State

AVENTURA, FLORIDA

City &amp; State

AVENTURA, FLORIDA

Zip  
33160Country  
USAZip  
33160Country  
USA

4. FEI Number

65-0191246

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PESETSKY & ZACK, P.A.  
1367 N.E. 162ND STREET  
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

PESETSKY &amp; ZACK, P.A.

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

17701 BISCAYNE BLVD., SUITE 200

City

AVENTURA

FL

Zip Code  
33160

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.

PESETSKY &amp; ZACK, P.A.

SIGNATURE ELLIOTT NOEL ZACK, ESQ.

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

(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, 2002 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 D  
NAME ZACK, ELLIOTT NOEL  
STREET ADDRESS 1367 NE 162ND STREET  
CITY-ST-ZIP N.MIAMI BEACH FL ☐ DeleteTITLE P  
NAME BLYNN, MICHAEL R.  
STREET ADDRESS 1367 N.E. 162 STREET  
CITY-ST-ZIP N. MIAMI BEACH FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ZACK, ELLIOTT NOEL  
STREET ADDRESS 17701 Biscayne Blvd., Ste. 200  
CITY-ST-ZIP Aventura, Florida 33160 ☐ Change ☐ AdditionTITLE P  
NAME BLYNN, MICHAEL R.  
STREET ADDRESS 17701 Biscayne Blvd., Ste. 200  
CITY-ST-ZIP AVENTURA, FLORIDA 33160 ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ELLIOTT NOEL ZACK 4/2/02 305-466-4441

Date

Daytime Phone #

CR2E034 (9/01)