

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L62691

1. Entity Name

SOUTH DADE TITLE COMPANY, INC.

Principal Place of Business

10380 WEST FLAGLER ST
SUITE 10380
MIAMI FL 33174
US

Mailing Address

SOUTH DADE TITLE COMPANY
P. O. BOX 831387
MIAMI, FLORIDA 33283

2. Principal Place of Business

10510 W FLAGLER SE.
MIAMI, FL 33174

SOUTH DADE TITLE COMPANY
P. O. BOX 831387
MIAMI, FLORIDA 33283

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90005 027 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0185702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MYERS, LAUREN

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

10510 W. FLAGLER SE

City

MIAMI

FL

Zip Code

33174

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PST LAUREN MYERS	
STREET ADDRESS	SOUTH DADE TITLE COMPANY	
CITY-ST-ZIP	P. O. BOX 831387	
	MIAMI, FLORIDA 33283	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-23-01 305-232-2161

0117783 AT

CR2E034 (5/01)

Attachments

South Dade Title Company

P.O. Box 831387

Miami, FL 33283

305-232-2161

L6691
773824

July 23, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

REQUEST FOR WAIVER OF LATE-FEE

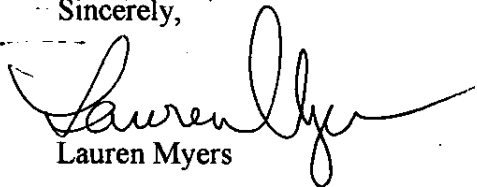
Dear Sirs,

I am requesting a waiver of the late fee for the corporate filing of South Dade Title Company, Inc. I am 42 years old and have been totally disabled since 1995. I want to keep my corporate name alive until I am able to return to work. The original UBR report was not received, and as you can see I botched the latest one.

I attempted to do an electronic filing and evidently did not enter the information correctly, but I have enclosed both the botched duplicate original and the electronic filing I attempted, along with my check for \$150.00.

I have also enclosed my email correspondence that is self-explanatory. I hope you will grant me this relief. Thank you for your consideration.

Sincerely,


Lauren Myers

Attach mark

To: "'lmyers'", [110401,703]
From: corphelp, INTERNET:corphelp@mail.dos.state.fl.us
Date: 7/9/01, 9:50 AM
Re: RE: South Dade Title Company, Inc. Document # L62691

*# L62691
773824*

You can make a written request for a waiver of the late fee. Attach the request to a completed UBR, and submit with \$150. The request will be reviewed, but it is not a guarantee the request will be honored. If the late fee is required, you will receive a letter advising so.

Kristen
Internet Access
Division of Corporations

-----Original Message-----

From: lmyers [mailto:110401.703@compuserve.com]
Sent: Sunday, July 08, 2001 12:46 PM
To: Division of Corporations
Subject: South Dade Title Company, Inc. Document # L62691

Dear Sirs,

I recently received the UBR 2001 business report for filing my corporate annual report. It shows a fee of \$550.00 because of late filing.

This is the first notice I have received.

I am a 42 year old, totally disabled female, who previously had a thriving title business. For six years South Dade Title Company has been closed and has no employees. I want to keep the name and corporation alive, in hopes that I will someday return to work again.

I don't know why I never received previous notice to file earlier, but there was a time several months ago when the post office lost a bunch of mail.

I am requesting that I be allowed to file my annual report with the regular fee, as if it had been filed months ago. I request this one time exception, in light of the above circumstances, and because my disability has prevented me from earning any money in six years. The \$550.00 requested will place a hardship on me, and I do want to keep the corporation alive until I am able to return to work again.

Thank you for your consideration.

Very truly,

Lauren Myers
PST South Dade Title Co., Inc.

----- Internet Header -----

Sender: corphelp@mail.dos.state.fl.us
Received: from floridal.dos.state.fl.us (floridal.dos.state.fl.us [207.156.23.10])
by spdmgaab.compuserve.com (8.9.3/8.9.3/SUN-1.9) with SMTP id JAA27419
for <110401.703@compuserve.com>; Mon, 9 Jul 2001 09:49:51 -0400 (EDT)

Attachment

66691

773824

Florida Department of State, Division of Corporations

Corporations Online

www.sunbiz.org

Electronic Filing

Uniform Business Report

Page 1

Document Number

L62691

Business Entity Name

SOUTH DADE TITLE COMPANY, INC.

FEI Number	650185702
FEI Number Status	<input type="radio"/> Applied For <input type="radio"/> Not Applicable <input checked="" type="radio"/> Current
Certificate of Status Desired	<input type="radio"/> Yes <input checked="" type="radio"/> No

Principal Place of Business

Address	10510 WEST FLAGLER ST		
Suite, Apt. #, etc.			
City, State	MIAMI	FL	
Zip Code & Country	33174	US	

Mailing Address

Address	P.O. BOX 831387		
Suite, Apt. #, etc.			
City, State	MIAMI	FL	
Zip Code & Country	33283	US	

Name And Address of Registered Agent

Name (Last, First, Middle, Title)	MYERS	LAUREN		
Corporate Name				
Address	10510 WEST FLAGLER ST			
Suite, Apt. #, etc.				
City, State	MIAMI	FL		
Zip Code & Country	33174	US		

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Attachment

L 62691

773824

Florida Department of State, Division of Corporations

Corporations Online

www.sunbiz.org

Electronic Filing

Uniform Business Report

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Document Number

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Business Entity Name

SOUTH DADE TITLE COMPANY, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Current Year Intangible Personal Property Tax Owed ☐ Yes ☒ No

Officer/Director Name And Address

Title	PST
Name (Last, First, Middle, Title)	<input type="text"/>
Entity Name	MYERS, LAUREN
Street Address	P.O. BOX 831387
City, State	MIAMI FL
Zip Code & Country	<input type="text"/>

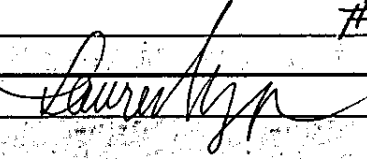
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>

Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>

Attachment
773824
262691

Registered Agent Signature

Myers, Lauren



Continue

Reset

Start Over

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[Public Access Help](#)