

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0025035

DOCUMENT # <b>L99000002455</b>	
1. Entity Name <b>AMERICAN TITLE EXCHANGE, LLC</b>	



**FILED**  
03 MAY -2 PM 5:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>7677 NW 57TH STREET FT. LAUDERDALE FL 33321</b>	Mailing Address <b>412 SOUTHEAST 23RD STREET FT. LAUDERDALE FL 33316</b>
---	---

2. Principal Place of Business <b>550 W. Cypress Creek Rd Suite 380</b>	3. Mailing Address <b>701 W. Cypress Creek Road Suite 303</b>
--	--

City & State <b>FT. Lauderdale FL</b>	City & State <b>FT. Lauderdale FL</b>
Zip <b>33309</b>	Zip <b>33309</b>
Country	Country

**4. FEI Number** **65-0917397** ☐ Applied For ☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**AMSTER, GOMEZ & GOTTFRIED, P.A.**  
**412 SOUTHEAST 23RD STREET**  
**FT. LAUDERDALE FL 33316**

**7. Name and Address of New Registered Agent**

Name **TITLE MANAGEMENT SERVICES, INC.**  
Street Address **701 W. CYPRESS CREEK RD.  
SUITE 303  
FORT LAUDERDALE, FL 33309**  
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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE **Paul D. Gottfried** DATE **4-29-03**

Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TITLE MANAGEMENT SERVICES, INC. 412 SOUTHEAST 23RD STREET FT. LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CAPITAL TITLE &amp; ESCROW CORP. 7677 NW 57 STREET FORT LAUDERDALE FL 33321</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>h3k</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Title Management Services, Inc. 701 W. CYPRESS CREEK RD # 303 FT. Lauderdale FL 33309</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Capital Title &amp; Escrow Corp. 701 W. Cypress Creek Rd # 303 FT. Lauderdale FL 33309</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000017852600 05/02/03--01003--016 **50.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Paul D. Gottfried** DATE **04/24/03** DAYTIME PHONE # **954-467-7840**

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

CR2E083 (10/02)