

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004933

1. Entity Name

~~BROKERS TITLE/ENGINEERED, LLC~~

Name Change effective 12/15/99
Brokers Title / MS, LLC

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2699 LEE ROAD, SUITE 540
WINTER PARK FL 32789

Mailing Address

2699 LEE ROAD, SUITE 540
WINTER PARK FL 32789-1738

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

59-3592001

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHAN, REINHARD G
2699 LEE ROAD, SUITE 540
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM
STEPHAN, REINHARD G
STREET ADDRESS 2699 LEE ROAD, SUITE 540
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE NAME MGRM
TEPLITSKY, LILIAN
STREET ADDRESS 1155 S. SEMORAN, SUITE 1118
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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10.

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CITY-ST-ZIP

ADDITIONS / CHANGES

☐ Change ☐ Addition

☒ Change ☐ Addition

*MGRM
Mortgage Subsidiary, Inc
1155 S. Semoran, Ste 1118
Winter Park, FL 32792*

☐ Change ☐ Addition

900003112519--9
-01/27/00--01025--011
*****50.00 *****50.00

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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 OR MANAGER

Date

Daytime Phone #

Reinhart G. Stephan

1-14-00

(407) 629-8870