

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90129 045 ***150.00

DOCUMENT # M14483

1. Entity Name

U. S. TITLE SERVICES, INC.

Principal Place of Business

~~2121 PONCE DE LEON BLVD
 SUITE 505
 CORAL GABLES FL 33134
 US~~

Mailing Address

~~2121 PONCE DE LEON BLVD
 SUITE 505
 CORAL GABLES FL 33134
 US~~

2. Principal Place of Business

306 ALCARAZA Avenue #203

Coral Gables

FL

33134

USA

3. Mailing Address

306 ALCARAZA Ave #203

Coral Gables

FL

33134

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2529004**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LARRIERU, SILVIA L.

~~2121 PONCE DE LEON BLVD, STE 505~~ **3**
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

306 ALCARAZA Avenue #203

Coral Gables

FL

33134

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 \$150.00
After MAY 1, 2001 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 **PD** ☐ Delete
 NAME **LARRIERU, SILVIA L.**
 STREET ADDRESS ~~2121 PONCE DE LEON BLVD STE 505~~
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **S** ☐ Delete
 NAME **LARRIERU, SILVIA L.**
 STREET ADDRESS ~~2121 PONCE DE LEON BLVD STE 505~~
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **306 ALCARAZA Avenue #203**
 CITY-ST-ZIP **Coral Gables FL 33134**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **306 ALCARAZA Avenue #203**
 CITY-ST-ZIP **Coral Gables FL 33134**

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

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

1-12-2001

Date

305-442-9715

Daytime Phone #

CR2E034 (10/00)

0161716