

FILED

Aug 16, 2001 8:00 am  
Secretary of State

08-01-2001 90194 046 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006894

1. Entity Name

PLATINUM TITLE SERVICES CORP.

Principal Place of Business

2417 NORTH UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

Mailing Address

2417 NORTH UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

X FEI Number

05-0979322

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SALOMON, SCOTT A  
2417 NORTH UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

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

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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SALOMON, SCOTT A  
STREET ADDRESS 2417 NORTH UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ DeleteTITLE  
NAME 2770 University Dr. ☒ Change ☐ Addition  
STREET ADDRESS Coral Springs, FL 33065  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VD  
NAME MITTELBERG, BARRY T  
STREET ADDRESS 2417 NORTH UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

attachment  
D# P0000000894

11354

we have  
Previously filed  
this form with  
your office