2002 Uniform Business Report (UBR)

Apr 01, 2002 8:00 am 5 Secretary of State P00000014962 DOCUMENT # 1. Entity Name COURTESY TITLE SERVICES. INC. Mailing Address Principal Place of Business 12515 N KENDALL DR 12515 N KENDALL DR #305 #305 MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 12515 Kendall Dr. N. Kendall Dr. 12515 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 406 # 406 Applied For City & State City & State 4. FEI Number 65-0983120 Miami Not Applicable Miawi 33186 Zip 33186 Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Pimentel, Aida PIMENTEL, AIDA M Street Address (P.O. Box Number is Not Acceptable) % PASTROFF, BARJA, KELLY & CO. 10300 SUNSET DRIVE, SUITE 135 Kendall #406 12515 MIAMI FL 33173-3038 City Miami 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/01) Change Addition ☐ Delete TITLE TITLE PIMENTEL, AIDA M NAME 12515 N. Kendall Drive 12575 N KENDALL DR #305 STREET ADDRESS STREET ADDRESS MIAMI FL 33186 Miami, F1 33186 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition SVD TITLE ☐ Delete TITLE NOYA, ORLANDO NAME 12515 N. Kendall Drive #406 12515 N KENDALL DR #305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, F1 33186 CITY-ST-ZIP |MIAM| FL 33186 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empropered 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

h all other like empowered.