

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 06, 2001 8:00 am
Secretary of State

02-13-2001 90055 008 ***150.00

DOCUMENT # P00000015021

1. Entity Name

PREMIER TITLE AND RESEARCH, INC.

Principal Place of Business

9421 SW 15 ST
MIAMI FL 33174

Mailing Address

9421 SW 15 ST
MIAMI FL 33174

2. Principal Place of Business

* 7811 Coral Way

3. Mailing Address

* 7811 Coral Way

Suite, Apt. #, etc.

#130

Suite, Apt. #, etc.

#130

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0981298

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

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

ALBELO, MAYRA

9421 SW 15 ST

MIAMI-FL 33174

Name

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

220 N.W. 136th Ave.

City Miami

FL

Zip Code

33182

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

Mayra Albello

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/01

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 **D**
NAME **ALBELO, MAYRA** (PRESIDENT) ☐ Delete
STREET ADDRESS **9421 SW 15 ST**
CITY-ST-ZIP **MIAMI FL 33174**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **220 N.W. 136th Ave.**
CITY-ST-ZIP **Miami, FL 33182**

TITLE ☒ Change ☒ Addition
NAME **Pedro N. Diaz**
STREET ADDRESS **220 N.W. 136th Ave.** (VICE -
CITY-ST-ZIP **Miami, FL 33182** President)

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

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

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

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:

Mayra Albello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01

Date

(305) 266 6720

Daytime Phone #

CR2E034 (10/00)