

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015822

1. Entity Name
GOLD STAR TITLE CORP.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90043 004 ***150.00

Principal Place of Business
9995-1 N.W. 9TH STREET CIRCLE
MIAMI FL 33172

Mailing Address
9995-1 N.W. 9TH STREET CIRCLE
MIAMI FL 33172

715597



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8550 W. FLADLER ST

3. Mailing Address
8550 W. FLADLER ST

Suite, Apt. #, etc.
STE 117

Suite, Apt. #, etc.
STE 117

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0979576

Applied For
Not Applicable

Zip
33144

Country
US

Zip
33144

Country
US

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

ESTEVEZ, IVONNE
4141 W 18TH LANE
HIALEAH FL 33012

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 \$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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESTEVEZ, IVONNE		NAME		
STREET ADDRESS	4141 W. 18TH LANE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LLOPIZ, SANDRA		NAME		
STREET ADDRESS	9995-1 NW 9TH STREET CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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: Sandra Llopi 2/8/01 (305) 226-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0215379

CR2E034 (10/00)