

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90100 034 ***158.75

DOCUMENT # P00000038659

1. Entity Name
EXCEL ONE TITLE SERVICES, INC.



Principal Place of Business
**9260 SUNSET DRIVE STE 219
MIAMI FL 33173**

Mailing Address
**9260 SUNSET DRIVE STE 219
MIAMI FL 33173**



2. Principal Place of Business
SAME

3. Mailing Address
4052 S.W. 98 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
MIAMI, FLORIDA

4. FEI Number **65-1000351**

Applied For
Not Applicable

Zip

Country

Zip **33165** Country **U.S.A.**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ESPINOSA, FLORENCE A
9260 SUNSET DRIVE STE 219
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name **MARCOS F. GARCIA**
Street Address (P.O. Box Number is Not Acceptable)
4052 SW 98 AVE
City **MIAMI** FL Zip Code **33165**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

MARCOS F. GARCIA

2/7/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **ESPINOSA, FLORENCE A**
STREET ADDRESS **9260 SUNSET DRIVE STE 219**
CITY-ST-ZIP **MIAMI FL 33173**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR/PRESIDENT** ☒ Change ☐ Addition
NAME **MARCOS F. GARCIA**
STREET ADDRESS **4052 S.W. 98 AVE.**
CITY-ST-ZIP **MIAMI, FL. 33165**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARTER REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-03 (305) 275/0441
Date Daytime Phone #

CR2E034 (10/02)