

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060577

1. Entity Name

TITLE PARTNERS OF FLORIDA, INC.

Principal Place of Business

900 WEST 49 STREET STE 514
HIALEAH FL 33012

Mailing Address

900 WEST 49 STREET STE 514
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651630066

Applied For

Not Applicable

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

ADAMS, RICHARD J
900 WEST 49 STREET STE 514
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME

D
ADAMS, RICHARD J
900 WEST 49 STREET STE 514
HIALEAH FL 33012

☐ Delete

TITLE
NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D
SIRVEN, ANTONIO S
900 WEST 49 STREET STE 514
HIALEAH FL 33012

☐ Delete

TITLE
NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

9/19/01

305-524-9800

Date

Daytime Phone #

CR2E034 (5/01)

0019419 AV



DO NOT WRITE IN THIS SPACE