

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90093 043 ***150.00

0021377 AV

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

4. FEI Number **65-1030066**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. 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)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ADAMS, RICHARD J**
STREET ADDRESS **900 WEST 49 STREET STE 514**
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-3-03 305-824-9800

CR2E034 (4/03)

Attachment

80147108
#P00000060577



TITLE PARTNERS OF FLORIDA, INC.

Corporate Offices at: Bank of America Building
900 WEST 49 STREET SUITE #514 • HIALEAH, FLORIDA 33012
TEL: (305) 824-9800 • FAX: (305) 824-3868
E-mail: SirvenandAdams@hotmail.com

- Title Insurance
- Closings
- Sale / Purchase of Property
- Residential Closings
- Commercial Closings

September 3, 2003

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Title Partners of Florida, Inc.

Dear Division of Corporations:

Regarding the above Corporation, enclosed please find

- 1) Uniform Business Report and
- 2) Check for \$150.00 filing fee.

Please be advised we have just received the enclosed Report for the first time, which we are submitting now. This is an ongoing entity, one of three at this address, and had we received the previous notice(s), they would have been timely forwarded to your Department for the necessary registration.

This may have been part of a group where the initial yearly notice was misdirected.

Thanks very much for your attention to this matter.

Sincerely,

Richard J. Adams, Director

RA/il