

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077117

1. Entity Name

PREMIER TITLE OF SOUTH FLORIDA, INC.

FILED

Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90007 019 \*\*\*158.75

Principal Place of Business  
11440 N. KENDALL DRIVE  
SUITE 104  
MIAMI FL 33176

Mailing Address  
11440 N. KENDALL DRIVE  
SUITE 104  
MIAMI FL 33176

AUUU6633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
815 Ponce de Leon Blvd.  
Suite Apt. #, etc.  
200  
City & State  
Coral Gables, FL  
Zip  
33134  
Country  
U.S.A.

3. Mailing Address  
815 Ponce de Leon Blvd.  
Suite Apt. #, etc.  
200  
City & State  
Coral Gables, FL  
Zip  
33134  
Country  
U.S.A.

4. FEI Number  
65-1031651  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
AGUAD, YAMIL  
11440 N. KENDALL DRIVE  
SUITE 104  
MIAMI FL 33176

7. Name and Address of New Registered Agent  
Name  
Lourdes B. Rivera  
Street Address (P.O. Box Number is Not Acceptable)  
815 Ponce de Leon Blvd.  
Suite 200  
City  
Coral Gables FL Zip Code  
33134

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 Lourdes B. Rivera Lourdes B. Rivera 1/8/01  
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 ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUAD, MIRELLA 11440 N. KENDALL DRIVE MIAMI FL 33176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/T/S/D Lourdes B. Rivera 815 Ponce de Leon Blvd. Suite 200 Coral Gables, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mirella Aguad / Lourdes B. Rivera 1/8/01 (305) 461-4901  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Lourdes B. Rivera

CR2E034 (10/00)