

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90161 045 ***150.00

DOCUMENT # P00000077117

1. Entity Name
PREMIER TITLE OF SOUTH FLORIDA, INC.



Principal Place of Business
815 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES FL 33134

Mailing Address
815 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES FL 33134



2. Principal Place of Business
1929 Ponce de Leon Blvd.
Suite, Apt. #, etc.

3. Mailing Address
1929 Ponce de Leon Blvd.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Coral Gables, FL
Zip
33134
Country
USA

City & State
Coral Gables, FL
Zip
33134
Country
USA

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

7. Name and Address of New Registered Agent

RIVERA, LOURDES B
815 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES FL 33134

Name
RIVERA, Lourdes B.
Street Address (P.O. Box Number is Not Acceptable)
1929 Ponce de Leon
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST RIVERA, LOURDES B.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, LOURDES B.		NAME		
STREET ADDRESS	815 PONCE DE LEON BLVD SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		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		

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: Lourdes Rivera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 (305) 461-490
Date Daytime Phone #

CR2E034 (10/02)