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Jun 26, 2001 8:00 am
Secretary of State

05-31-2001 90005 031 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078733

Entity Name

Premier Title & Real Estate Services

Principal Place of Business	Mailing Address
4200 NW 16th Street Suite 307 Lauderhill, FL 33313	4200 NW 16th Street Suite 307 Lauderhill, FL 33313

2. Principal Place of Business	3. Mailing Address
4200 NW 16th Street	Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

307

City & State

City & State

Lauderhill, FL

Zip Country

Zip Country

33313 USA

6. Name and Address of Current Registered Agent

ORVILLE MCKENZIE, ESQ
3615 NW 121st AVENUE
SUNRISE, FL 33323

4. FEI Number

65-1036066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name
Street Address
City & State
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 date if applicable.

NOTE: Registered Agent signature required when retaining.

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
DIRECTOR	Carol Chloupek	3600 S. State Road 9, #241	Miramar, FL 33023

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PRESIDENT	DAVID GOLDING	15312 SW 104th STREET	MIAMI, FL 33196

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
VICE PRESIDENT	ANDREA WEBLEY	7551 VISUANA CIRCLE	MARGATE, FL 33063

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
SECRETARY	SHIRLEY MORPHY	263 NE 162nd STREET	MIAMI, FL 33162

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Andrea Webley

4/27/01

954-

485-5569

SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

Date

Daytime Phone #