

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000088939**

1. Entity Name

DOLPHIN TITLE COMPANY**FILED**
Apr 17, 2001 8:00 am
Secretary of State

04-02-2001 90048 004 ***150.00

Principal Place of Business
**20800 NORTHEAST 8TH COURT
SUITE 204
MIAMI FL 33179**Mailing Address
**20800 NORTHEAST 8TH COURT
SUITE 204
MIAMI FL 33179**2. Principal Place of Business
2632 HOLLYWOOD BLVD.
Suite, Apt. #, etc.
2083. Mailing Address
Suite, Apt. #, etc.City & State
HOLLYWOOD, FLORIDA
Zip
33020
Country
USACity & State
Zip
Country4. FEI Number **65-1049902**
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134****7. Name and Address of New Registered Agent**Name
GUERDY ALMONOR
Street Address (P.O. Box Number is Not Acceptable)**2632 HOLLYWOOD BLVD. SUITE 208**City
HOLLYWOOD **FL** Zip Code
33020

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 of the individual named as registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/22/2001
DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
ALMONOR, GUERDY
20800 NORTHEAST 8TH COURT
MIAMI FL 33179** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

03/22/2001 (954) 923-5535

CR2E034 (10/00)