

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90055 007 ***150.00

DOCUMENT # P00000100606

1. Entity Name

PROFESSIONAL TITLE & ESCROW OF SOUTH FLORIDA CORP.

Principal Place of Business

201 ALHAMBRA CIRCLE STE 705
CORAL GABLES FL 33134

Mailing Address

17200 SW 119 AVENUE
MIAMI FL 33177



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1570 MADRUGA
Suite, Apt. #, etc.
S. 214

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1050800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERDOMO, KATHERINE J
201 ALHAMBRA CIRCLE STE 705
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Katherine J. Perdomo

Street Address (P.O. Box Number is Not Acceptable)

1570 MADRUGA

S. 214

City

Coral Gables

FL

Zip Code

33146

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

Katherine J. Perdomo

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	MS.	<input checked="" type="checkbox"/> Delete
NAME	PERDOMO, KATHERINE J PRESIDE	
STREET ADDRESS	201 ALHAMBRA CIRCLE SUITE 705	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	MS Katherine J. Perdomo	<input type="checkbox"/> Delete
NAME	President	
STREET ADDRESS	1570 MADRUGA AVE. S. 214	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Katherine J. Perdomo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/02

305-815-8400

0281997 AV

CR2E034 (9/01)