FILED

Jan 23, 2002 8:00 am Secretary of State
01-23-2002 90024 035 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P00000105914

DOCUMENT # 1. Entity Name

NORTH BEACH TITLE AND ESCROW CORP.

Principal Place of Business

Mailing Address

3326 NE 33RD ST. FT. LAUDERDALE FL 33308 2. Principal Place of Business			3326 NE 33RD ST. FT. LAUDERDALE FL 33308 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number	65-10527	24	ļ —	pplied For ot Applicable
Zip ²⁵ Country			Zip Country				5. Certificate of Status Desired. 5. Certificate of Status Desired. 7. Name and Address of New Registered Agent				
	6. Name	and Address of Current Re	egistered Agent		Name	7.	Name and A	ddress of Nev	/ Registere	ed Agent	
BLACKE, 3326 NE	LAWRENCE 33RD ST.	EE				ddress (P.O. E	ss (P.O. Box Number is Not Acceptable)				
FT. LAUDI	erdale fl	33308	City						F	Zip Coo	de
8. The above	named entity	y submits this statement for t	he purpose of changing its	registere	ed office or	registered ag	gent, or both,	in the State of	Florida.		
SIGNATURE	Signature, typed	or printed name of registered agent and	d title if applicable. (NOTS	: Registere	d Agent signati	re required when re	einstating)		DAT	-E	
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 St			50.00		on Campaign Fund Contribu			00 May Be d to Fees
11.		OFFICERS AND DI	RECTORS	12.		AC	DITIONS/CH	HANGES TO C	FFICERS A	ND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3326 NE 3	LAWRENCE E ESQ. 33RD ST. ERDALE FL 33308	□ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLACKE, 3326 NE 3		□ Delete				.	-		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SUMRALL 3326 NE 3	, KYMBERLY	☐ Delete			·				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY_ST_7IP			☐ Delete							☐ Change	☐ Addition

13. I hereby certify that the information supplied with this filling 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 bustee 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 the address, with all plier like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR