

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000107850**

1. Entity Name  
**CATALONIA TITLE SERVICES, INC.**

Principal Place of Business 935 CATALONIA AVENUE #9  CORAL GABLES FL 33134	Mailing Address 935 CATALONIA AVENUE #9  CORAL GABLES FL 33134
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2. Principal Place of Business 935 CATALONIA AVENUE	3. Mailing Address 935 CATALONIA AVENUE
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Suite, Apt. #, etc. #9	Suite, Apt. #, etc. #9
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City & State CORAL GABLES FL	City & State CORAL GABLES FL
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Zip 33134	Country US	Zip 33134	Country US
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4. FEI Number <b>65-1056452</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**ELJAEK SANTIAGO III, ESQ**  
 935 CATALONIA AVENUE #9  
  
 CORAL GABLES FL 33134

**7. Name and Address of New Registered Agent**

Name  
**ELJAEK SANTIAGO III, ESQ**  
 Street Address (P.O. Box Number is Not Acceptable)  
 935 CATALONIA AVENUE  
 #9  
 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.

SIGNATURE **SANTIAGO ELJAEK, III, ESQ.**

**04/30/2001**

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, 2001 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 D	ELJAEK SANTIAGO III	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS	935 CATALONIA AVENUE #9		
CITY-ST-ZIP	CORAL GABLES FL 33134		
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
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: **Santiago Eljaiek, III**

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)