

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90152 009 ***150.00

DOCUMENT # P00000109187

1. Entity Name

LAUDERHILL TITLE AND ESCROW CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2331 N State Road 7

Suite, Apt. #, etc.

Suite 222A

City & State

Lauderhill, FL

Zip

33313

Country

Broward

3. Mailing Address

2331 N State Road 7

Suite, Apt. #, etc.

Suite 222A

City & State

Lauderhill, FL

Zip

33313

Country

Broward

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4. FEI Number

65-1057647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Marie C. Capita-Alezi

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

2331 N State Road 7

Suite 222A

City

Lauderhill

FL

Zip Code

33313

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when submitting)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVTS
Marie C. Capita-Alezi
2331 N State Rd 7, Ste. 222A
Lauderhill, FL 33313

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marie C. Capita-Alezi 4-27-02

Date

(954) 497-2175

CR2E034B (12/01)