

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110691

1. Entity Name:
N R TITLE SERVICES, INC.

Principal Place of Business
9735 FONTAINEBLEAU BOULEVARD
SUITE 109
MIAMI FL 33172

Mailing Address
9735 FONTAINEBLEAU BOULEVARD
SUITE 109
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
22-3810186

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, NANCY C
9735 FONTAINEBLEAU BOULEVARD
SUITE 109
MIAMI FL 33172

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Nancy C. Rodriguez
Signature, typed or printed name of registered agent and address of applicable
NANCY C. RODRIGUEZ

5/5/01
DATE

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

FILE NOW!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, NANCY C 9735 FONTAINEBLEAU BOULEVARD #109 MIAMI FL 33172	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 no 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; that the information is reported 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:

Nancy C. Rodriguez
Signature and typed or printed name of signing officer or director
NANCY C. RODRIGUEZ

5/5/02 (305) 371-7208
Date Daytime Phone #
2235

05-25-2001 90312 019 ***150.00
P00000110691
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 26 PM 4:31



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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TEL: 13305672947

P. 002

NR TITLE SERVICES, INC.

9735 Fontainebleau Boulevard
Apartment 109
Miami, Florida 33172
Telephone (305) 225-7718

September 6, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Document # P00000110691

Dear Sir/Madam:

In reference to NR Title Services, Inc., please find enclosed Uniform Business Report including the FEI Number.

I respectfully request from you to waive the reinstatement fee since I filed the report on time with a check in the amount of \$150.00 which was cashed.

Please be advised that as soon as I received the correspondence from your office stating that I was missing the FEI Number, I obtained same from the Internal Revenue Service and sent it to following your instructions.

Should you have any questions, please do not hesitate to contact me during business hours at (305) 371-7208, extension 235. I would like to take this opportunity to thank you again for your kindness and willingness to help.

Sincerely,


Nancy C. Rodriguez