FILED
Feb 05, 2003 8:00 am
Secretary of State
02-05-2003 90179 008 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011931

1. Entity Name
TUSCANY TITLE CORPORATION

Principal Place of Business	Mailing Address
100 B WESTARD DR MIAMI SPRINGS, FL 33016 US	100 B WESTARD DR MIAMI SPRINGS, FL 33016 US

22003393

☐ CHECK HERE IF MAKING CHANGES

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 65-1073158 ☐ 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
BRANDENBURG, CONSTANCE L 100 B WESTARD DR MIAMI SPRINGS, FL 33166	Name ELIANA R. WOLFF Street Address (P.O. Box Number is Not Acceptable) 100-B WESTWARD DR City MIAMI SPRINGS FL Zip Code 33166

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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE [signature] ELIANA R. WOLFF EXECUTIVE DIRECTOR DATE 02/03/03
(Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FILING FEE IS $150.00
After May 1, 2003 Fee Will Be $300.00
Make Check Payable to Florida Department Of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRANDENBURG, CONSTANCE L 100 WESTWARD DRIVE MIAMI SPRINGS, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SAAVEDRA, ELSA LARA 100 WESTWARD DRIVE MIAMI SPRINGS, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOLFF, ELIANA 7787 NW 146 ST. MIAMI LAKES, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAAVEDRA, ALDO 100 WESTWARD DR MIAMI SPRINGS FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLFF, ROBERTO 7787 NW 146 ST MIAMI LAKES, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] EXECUTIVE DIRECTOR 02/03/03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #