

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90765 040 ***150.00

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DOCUMENT # P01000024284

1. Entity Name

MIAMI TRUST TITLE COMPANY INC.

Principal Place of Business

**1800 W 49TH STREET
 SUITE 219
 HIALEAH FL 33012**

Mailing Address

**1800 W 49TH STREET
 SUITE 219
 HIALEAH FL 33012**



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 **65-1084294**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIRIANO, MARIA E
 7651 BIRD ROAD
 SUITE 208B
 MIAMI FL 33155**

Name **MARIA E. LIRIANO**

Street Address (P.O. Box Number is Not Acceptable)
1800 West 49th

Suite 219

City **1800 West**

FL

Zip Code **33012**

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 *Maria E. Liriano*
 Signature, typed or printed name of registered agent and title if applicable.

MARIA E. LIRIANO - President
 (NOTE: Registered Agent signature required when reinstating)

1/16/2002
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **LIRIANO, MARIA E**
 STREET ADDRESS **7651 BIRD ROAD SUITE 208B**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Maria E. Liriano*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2002
 Date Daytime Phone #

CR2E034 (9/01)