

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000032727****1. Entity Name**  
**PEOPLE'S CHOICE TITLE SERVICES CORP.****FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90066 031 \*\*\*150.00

**Principal Place of Business**  
**12550 BISCAYNE BLVD STE 403**  
**NORTH MIAMI FL 33181****Mailing Address**  
**12550 BISCAYNE BLVD STE 403**  
**NORTH MIAMI FL 33181****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

65-1087794

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****DEEB, KEVIN L**  
**2350 CORAL EAY STE 401**  
**MIAMI FL 33145**

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

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, 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 ☐ Delete  
NAME **D**  
STREET ADDRESS **CACCAMISE, THERESA**  
CITY-ST-ZIP **12550 BISCAYNE BLVD STE 403**  
**NORTH MIAMI FL 33181**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DEEB, KEBIN L**  
CITY-ST-ZIP **12550 BISCAYNE BLVD STE 403**  
**NORTH MIAMI FL 33181**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DEEB, ERICK L**  
CITY-ST-ZIP **12550 BISCAYNE BLVD STE 403**  
**NORTH MIAMI FL 33181**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ 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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02

305-854-7978

CR2E034 (9/01)