

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**  
 04-29-2002 90049 046 \*\*\*150.00

**DOCUMENT # P01000051919**

1. Entity Name

**1ST FLORIDA TITLE AND ABSTRACT COMPANY**

Principal Place of Business

**1141 KANE CONCOURSE  
 BAY HARBOR ISLANDS FL 33164**

Mailing Address

**1141 KANE CONCOURSE  
 BAY HARBOR ISLANDS FL 33164**

2. Principal Place of Business

**5301 N. FEDERAL HWY**

3. Mailing Address

**5301 N. FEDERAL HWY**

Suite, Apt. #, etc.

**SUITE 170**

Suite, Apt. #, etc.

**SUITE 170**

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

4. FEI Number

**651138737**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PATRICK, MARTY ESQ.**

**1141 KANE CONCOURSE**

**BAY HARBOR ISLANDS FL 33164**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PATRICK, MARTY 1141 KANE CONCOURSE BAY HARBOR ISLANDS FL 33164</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, V <del>STARK</del> RASKIN, IRWIN 8735 GRASSY ISLE TRAIL LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, V, S KRAKOVER, TED 17190 CAROL COVE WAY BOCA RATON, FL 33496</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P FEINSTEIN, EDWARD 16710 SENTERRA DRIVE DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

**Irwin Raskin, V.PRES. IRWIN RASKIN**

**4-15-02**

Date

**(561) 997-8810**

Daytime Phone #

CR2E034 (9/01)