

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
May 01, 2002 8:00 am
Secretary of State

02-25-2002 90101 032 ***150.00

DOCUMENT # P01000078289
 1. Entity Name
SUPREME TITLE SERVICES, INC.

Principal Place of Business Mailing Address
1200 BRICKELL AVENUE SUITE 1680 **1200 BRICKELL AVENUE SUITE 1680**
MIAMI FL 33131 **MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
11160 N. Kendall Drive **701 Brickell Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
102-103 **2080**
 City & State City & State
Miami, Florida **Miami, Florida**

Zip Country Zip Country
33176 **USA** **33131** **USA**

4. FEI Number Applied For
65-1132748 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHUMINER, ALAN J
1200 BRICKELL AVENUE SUITE 1680
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
Michael H. Blacker
 Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue
Suite 2080
 City State Zip Code
Miami **FL** **33131**

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 Michael Blacker, Vice President DATE 2/11/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VSD SHUMINER, ALAN J 1200 BRICKELL AVENUE SUITE 1680 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VICTORERO, JUAN C 1200 BRICKELL AVENUE SUITE 1680 MIAMI FL 33131	<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	V Michael H. Blacker 701 Brickell Avenue, Suite 2080 Miami, Florida 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Juan Victorero 11160 N. Kendall Drive, #102-103 Miami, Florida 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barbara Rodriguez 11160 N. Kendall Drive, #102-103 Miami, Florida 33176	<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
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: Michael Blacker **MICHAEL BLACKER** DATE: 2/11/02 (305) 285-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)