FILED Jul 25, 2002 8:00 am Secretary of State 07-25-2002 90122 041 ***550.00

Principal Place 6175 NW 153F MIAMI LAKES	RD ST #100		6175 NW 15	Mailing Address 6175 NW 153RD ST #100 MIAMI LAKES FL 33014			B0132060				
2. Principal P	lace of Busin	ess	3. Mailing Ad	3. Mailing Address				'I gg iri g ûşir bûrin 1811	1 88/88 41118 6) (2)	
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	9		City & Stat	City & State			FEI Number 65 - 11	37833	Ap No	plied For t Applicable	
Zip Country			Zìp	Zip Country			Certificate of Status Desire	od □ \$1	8.75 Add e Required		
	6. Name	and Address of Curren	t Registered Age	Jistered Agent			7. Name and Address of New Registered Agent				
					Name						
MOURRA,	JAMES G			Street Addres			s (P.O. Box Number is Not Acceptable)				
6175 NW	153RD ST	#100	•		V.I.GG. 7 Y	Stadt Address (1.0. Box Hamber of Not Acceptable)					
MIAMI LAI	KES FL 330	114									
					City		4, M	FL	Zip Code	e	
8. The above named entity submits this statement for the purpose of changing its register											
	named entity lons of regist		or the purpose of	changing its reg	istered office or	registered ag	gent, or both, in the State o	f Florida. I am far	niliar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered ager	nt and title if applicable.	(NOTE: Re	gistered Agent signati	ure required when r	einstating)	DATE		— ,	
¹Fax filing ı		ible to satisfy its Intangibland elects to do so.	After Se	FILE NOW!!! eptember 13, 20 theck Payable 1	002 Fee will b	e \$750.00 t of State	tate				
11. 14		OFFICERS AND	DIRECTORS		12.		DDITIONS/CHANGES TO	OFFICERS AND D	RECTORS	3 IN 11	
TITLE	DSTD VF			☐ Delete	TITLE .	VP, S,	T, D	. ہے ،	Change	☐ Addition	
NAME		JAMES G			NAME	Mont	NW 153Rd	87 #J	22		
STREET ADDRESS		153RD ST #100			STREET ADDRESS CITY-ST-ZIP	6//5	LAKES,	7	2 <i>3/11</i>	•	
CITY-ST-ZIP	MIAMI LAI	KES FL 33014						_			
TITLE	777			☐ Delete	TITLE NAME	TOR6	NW 153	OURA "	Onange	rodition	
NAME STREET ADDRESS		TELESON.	اجتاب کی		STREET ADDRESS	6175	NW 153	d 6T.	TH SOU)	
CITY-ST-ZIP	NOATI				CITY-ST-ZIP	MIAM		FU.	338/	4	
TITLE	77,004			☐ Delete	TITLE		<u> </u>	ī	Change	Addition	
NAME	≂ چېشدد .	F-1. J	بغيق مالعينيات البيب	منيه ميحينية ويديه سدن	-NAME		المرابعة في المحادث	, ess	- '	*	
STREET ADDRESS					STREET ADDRESS						
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NAME					NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					CITY-ST-ZIP						
	, C,				TITLE				Change	Addition	
TITLE '		in the second	ı	Delete	NAME						
STREET ADDRESS	1400				STREET ADDRESS						
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NAME					NAME						
STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP				n	CITY-ST-ZIP	L					
13. I hereby of indicated of the cor	certify that the on this reporporation or t	e information supplied wi rt or supplemental report he receiver or trustee an	th this filing does is true and accur powered to execu	not qualify for the rate and that my s ute this report as	e exemption sta signature shall h required by Cha	ted in Section nave the same apter 607, Flor	119.07(3)(i), Florida Statu legal effect as if made un rida Statutes; and that my	tes. I further certif der oath; that I am name appears in I	y tnat the ir 1 an officer Block 11 or	normation or director r Block 12 if	

changed, or on an attachment with an saferess, with all other like empowered.

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

EQUITABLE TITLE INSURANCE SERVICES, INC.

1. Entity Name

P01000090361

Daytime Phone #