CAPITAL CONNECTION 850 222 1222 09/30 '02 14:04 NO.831 01/01

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
02 OCT -1 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091020

1. Entity Name
CITLE SYSTEM CORP

DO NOT WRITE IN THIS SPACE

500008342055--9
-10/11/02--01084--016
*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
444 BRICKELL AVE	1520 NW 128TH DR
Suite, Apt. #, etc. # 51-434	Suite, Apt. #, etc. 208
City & State MIAMI, FLORIDA	City & State SUNRISE, FLORIDA
Zip 33131 Country U.S.A	Zip 33323 Country U.S.A

4. FEI Number 65-1148479 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FRANK COUTA

Street Address (P.O. Box Number Is Not Acceptable)

1520 NW 128TH DR SUITE # 208

City SUNRISE FL Zip Code 33323

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 Frank Couta FRANK COUTA VICE-PRESIDENT 09/30/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT SORELYS GOITIA / DELETED
TITLE	VICE-PRESIDENT
NAME	FRANK COUTA
STREET ADDRESS	1520 NW 128TH DR SUITE #208
CITY-ST-ZIP	SUNRISE FLORIDA 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Couta FRANK COUTA 09/30/02 954 835 0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #