4/11/2002-90653-011-$158.50-$158.50

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG -8 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000096351

1. Entity Name
CITYWIDE TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
1100 SW 82ND AVENUE MIAMI FL 33144	1100 SW 82ND AVENUE MIAMI FL 33144

2. Principal Place of Business	3. Mailing Address
4601 Ponce de Leon Blvd	4601 Ponce de Leon Blvd
Suite, Apt. #, etc.: 260	Suite, Apt. #, etc.: Ste 260
City & State: Coral Gables	City & State: Coral Gables
Zip: Fl — Country: 33146	Zip: Fl — Country: Dade

4. FEI Number: 26-0007896 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARNERO, SISI 1100 SW 82ND AVENUE MIAMI FL 33144	Name: Sisi Carnero Street Address (P.O. Box Number is Not Acceptable): 4106 Ponce de Leon Blvd Suite 260 City: Coral Gables FL Zip Code: 33146

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]
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARNERO, SISI 1100 SW 82ND AVENUE MIAMI FL 33144 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] 4/1/02 (305) 785-4953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

X 8/8/02