

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90196 031 ***158.75

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1. Entity Name
CITIWIDE TITLE SERVICES, INC.



Principal Place of Business
**4601 PONCE DE LEON BLVD
SUITE 260
CORAL GABLES FL 33146**

Mailing Address
**4601 PONCE DE LEON BLVD
SUITE 260
CORAL GABLES FL 33146**



2. Principal Place of Business
9240 SW 72nd Street

3. Mailing Address
9240 SW 72nd St

Suite, Apt. #, etc.
114

Suite, Apt. #, etc.
114

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **26-0007896**

Applied For
☐ Not Applicable

Zip
33173

Country
USA

Zip
33173

Country
USA

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
4601 PONCE DE LEON BLVD
SUITE 260
CORAL GABLES FL 33146**

Name
M. TORGE Areces

Street Address (P.O. Box Number is Not Acceptable)
**9240 SW 72 Street
#114**

City **Miami** **FL** Zip Code **33173**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *M. Torge Areces*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CARNERO, SISI**
STREET ADDRESS **1100 SW 82ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **President** ☒ Change ☐ Addition
NAME **SISI, CARNERO, SISI**
STREET ADDRESS **2350 SW 123 Ave**
CITY-ST-ZIP **Miami, FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Areces, M. TORGE**
STREET ADDRESS **9240 SW 72 st #114**
CITY-ST-ZIP **Miami, FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 (786) 344-7874
Date Daytime Phone #

CR2E034 (10/02)