

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90175 027 \*\*\*150.00

**DOCUMENT # P01000104818**

1. Entity Name  
**TITANS MAYOR ENTERPRISES, INC.**



Principal Place of Business  
**7658 W 34 LANE #203**  
**HIALEAH FL 33018-5028**

Mailing Address  
**7658 W 34 LANE #203**  
**HIALEAH FL 33018-5028**

2. Principal Place of Business  
**8858 NW 169 TERRACE**

3. Mailing Address  
**8858 NW 169 TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI LAKES, FLORIDA**

City & State  
**MIAMI LAKES, FLORIDA**

Zip  
**33018-6144**

Country

Zip  
**33018-6144**

Country

4. FEI Number **65-1154884**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CORREA, ORLANDO**  
**7658 W 34 LANE #203**  
**HIALEAH FL 33018-5028**

## 7. Name and Address of New Registered Agent

Name  
**ORLANDO CORREA**

Street Address (P.O. Box Number is Not Acceptable)  
**8858 NW 169 TERRACE**

City  
**MIAMI**

FL Zip Code  
**33018-6144**

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 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

TITLE **PD** ☐ Delete  
NAME **CORREA, ORLANDO**  
STREET ADDRESS **7658 W 34 LANE #203**  
CITY-ST-ZIP **HIALEAH FL 33018-5028**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **ORLANDO CORREA**  
STREET ADDRESS **8858 NW 169 TERRACE**  
CITY-ST-ZIP **MIAMI LAKES, FLORIDA 33018-6144**

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

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

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

TITLE ☐ Change ☐ Addition  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/03/03**  
Date Daytime Phone #

CR2E034 (10/02)