

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90080 008 ***150.00

DOCUMENT # P02000010753

1. Entity Name
COMPLETE TITLE SOLUTIONS, INC.



Principal Place of Business
22575 ESPLANADA CIRCLE WEST
BOCA RATON FL 33433

Mailing Address
22575 ESPLANADA CIRCLE WEST
BOCA RATON FL 33433



2. Principal Place of Business
2740 E. OAKLAND PK Blvd

3. Mailing Address
2740 E. OAKLAND PK Blvd

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.
101

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
03-0398713

Zip
33306

Country
USA

Zip
33306

Country
USA

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

BERNSTEIN, ALYS
22575 ESPLANADA CIRCLE WEST
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 Alex Bernate **4/8/03**
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	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, ALYS	
STREET ADDRESS	22575 ESPLANADA CIRCLE WEST	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nelson Bekoff	
STREET ADDRESS	2740 E. OAKLAND PK Blvd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
TITLE	officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Scaramellino	
STREET ADDRESS	2740 E. OAKLAND PK Blvd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Alex Bernate **4/8/03** **954-568-2405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)