

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-07-2003 90080 044 ***150.00

DOCUMENT # P02000029268

1. Entity Name
ATLANTIS TITLE INSURANCE COMPANY, INC.



Principal Place of Business
**13820 SW 108 AVENUE
MIAMI FL 33176**

Mailing Address
**13820 SW 108 AVENUE
MIAMI FL 33176**



2. Principal Place of Business
11420 N. Kendall Dr.
Suite, Apt. #, etc.
108

3. Mailing Address
11420 N. Kendall Dr.
Suite, Apt. #, etc.
108

City & State
Miami FL

City & State
Miami FL

4. FEI Number
02-0563184

Applied For
☐ Not Applicable

Zip
33176

Country
USA

Zip
33176

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

**HAMEL, KENNETH J
13820 SW 108 AVENUE
MIAMI FL 33176**

Name

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

11420 N. Kendall Dr. #108

City

Miami

FL

Zip Code
33176

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)

2/3/03

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 **D** ☐ Delete
NAME **HAMEL, KENNETH J**
STREET ADDRESS **13820 SW 108 AVENUE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **P/SIT/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

Date

305-630-9100

Daytime Phone #

CR2E034 (10/02)