FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90052 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000050971**

1. Entity Name
MONDESIR & ALEXIS TITLE SERVICES INC.

Principal Place of Business	Mailing Address
209 NE 95TH ST S-1 MIAMI SHORES, FL 33138	209 NE 95TH ST S-1 MIAMI SHORES, FL 33138

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1640 W OAKLAND PARK BLVD.	1640 W OAKLAND PARK BLVD.
Suite, Apt. #, etc.: SUITE 303	Suite, Apt. #, etc.: SUITE 303
City & State: FORT LAUDERDALE, FLORIDA	City & State: FORT LAUDERDALE, FLORIDA
Zip: 33310 Country: USA	Zip: 33310 Country: USA

4. FEI Number: 61-141 3328 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONDESIR, EVENETTE
209 NE 95TH ST S-1
MIAMI, FL 33138

7. Name and Address of New Registered Agent

Name: MONDESIR, EVENETTE
Street Address (P.O. Box Number is Not Acceptable): 10800 BISCAYNE BLVD. SUITE 410
City: MIAMI **FL** Zip Code: 33161

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] 04/30/2003
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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALEXIS, GABRIELLE	NAME	
STREET ADDRESS	209 NE 95TH ST S-1	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MONDESIR, EVENETTE	NAME	
STREET ADDRESS	209 NE 95TH ST S-1	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] 04/30/2003 (954) 714 3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #