2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90160 017 ***150.00

DOCUMENT # P02000056470

1. Entity Name
TRUSTAR TITLE INSURANCE COMPANY, INC.

Principal Place of Business	Mailing Address
10343 SW 134 PLACE MIAMI FL 33186	10343 SW 134 PLACE MIAMI FL 33186

2. Principal Place of Business	3. Mailing Address
9370 SW 72 STREET	9370 SW 72 Street
Suite, Apt. #, etc. Suite A 202	Suite, Apt. #, etc. Suite A 202
City & State Miami Fl	City & State Miami Fl
Zip 33173 Country USA	Zip 33173 Country USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3675607 ☐ Applied For ☐ Not Applicable

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
CHAVEZ, NANCY 10343 SW 134 PLACE MIAMI FL 33186	Name Nancy Chavez Street Address (P.O. Box Number is Not Acceptable) 9370 SW 72 Street Suite A 202 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 Nancy Chavez - Nancy Chavez - Pres 4-15-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAVEZ, NANCY 10343 SW 134 PLACE MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chavez, Nancy 9370 SW 72 ST S-A202 Miami, Fl 33173	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, CLARA 10343 SW 134 PLACE MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lopez, Clara 9370 SW 72 ST S-A202 Miami, Fl 33173	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Nancy Chavez 4-15-03 305-275-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #