

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (R)

DOCUMENT # 002000074246

1. Entity Name

ELITE TITLE GROUP, INC.



FILED

03 MAY -2 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9485 SUNSET DRIVE

3. Mailing Address

9485 SUNSET DRIVE

Suite, Apt. #, etc.

SUITE A-230

Suite, Apt. #, etc.

SUITE A-230

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

37-1441369

Applied For

Not Applicable

Zip

33173

Country

U.S.

Zip

33173

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARIANNE ARTEAGA

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

10862 SW 75 TERRACE

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

Marianne Arteaga

MARIANNE ARTEAGA

4/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
AURELIO R. ARTEAGA
10862 SW 75 TERRACE
MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
AURELIO R. ARTEAGA
10862 SW 75 TERRACE
MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
AURELIO R. ARTEAGA
10862 SW 75 TERRACE
MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AURELIO R. ARTEAGA, PRESIDENT

Date

Daytime Phone #

4/28/03 (205) 275-6700

CR2E034B (12/02)