

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000087423**

1. Entity Name

FIRST FLORIDA TITLE GROUP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -3 PM 5:59

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

328 MINORCA AVE.

3. Mailing Address

328 MINORCA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

Coral Gables, Fla.

Zip

33134

Country

DADE

Zip

33134

Country

DADE

4. FEI Number

05-0570254

Applied For

Not Applicable

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

JEREMY D. LEVINE

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

328 MINORCA AVE.

City

CORAL GABLES

FL

Zip Code

33134

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)

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
Jeremy D. Levine
2901 Florida Ave. PH2
Coconut Grove, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**100021517011
07/14/03--01051--007 **150.00**

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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

Jeremy D. Levine

6/30/2003 (305)446-7674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)