

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-13-2003 90827043 150.00

P02000101373

FILED

03 JAN 29 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000101373

1. Entity Name
AMERICAN TITLE & ESCROW, INC.



Principal Place of Business
2724 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308
US

Mailing Address
2770 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

11555 Heron Bay Blvd.

Suite, Apt. #, etc.

200

3. Mailing Address

11555 Heron Bay Blvd

Suite, Apt. #, etc.

200

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33076

Country

USA

Zip

33076

Country

USA

4. FEI Number

☒ 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

Name

Thomas Dosdourian

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

11555 Heron Bay Blvd.

Suite 200

City

Coral Springs

FL

Zip Code

33076

8. The above named entity is the registered agent 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

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 ~~Thomas Dosdourian~~ ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE PD Thomas Dosdourian ☐ Change ☒ Addition
NAME 11555 Heron Bay Blvd., Suite 200
STREET ADDRESS Coral Springs, FL 33076
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD Gregory A. Marderosian, Esq. ☐ Change ☒ Addition
NAME 11555 Heron Bay Blvd, Suite 200
STREET ADDRESS Coral Springs, FL 33076
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)