

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000116237

1. Entity Name

Global Title Group, Inc.

APPROVED
AND
FILED

06 SEP 12 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSL

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

21 2828 CORAL WAY

2828 CORAL WAY

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 STE 450

STE 450

City & State

27 City & State

23 MIAMI FL

MIAMI, FL

Zip

County

28 Zip

County

24 33145

25 Miami-Dade

33145

Miami-Dade

4. FEI Number

43-1984090

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

Miguel F. Mirabal
433 SANSOUND AVE
CORAL GABLES, FL 33146

81 Miguel F. Mirabal

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

83 433 SANSOUND AVE

84 CORAL GABLES FL 33146

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so ☐
(See criteria on back)

FILE NOW!!! FEES \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust
Fund Contribution ☐

\$5.00 May be
added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☐ DELETE
NAME Miguel F. Mirabal
STREET ADDRESS 2828 CORAL WAY STE 450
CITY-ST-ZIP MIAMI, FL 33145

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 600079825686
1.4 CITY-ST-ZIP 09/14/06--01041--016 **61.25

TITLE President ☐ DELETE
NAME Miguel F. Mirabal
STREET ADDRESS 2828 CORAL WAY STE 450
CITY-ST-ZIP MIAMI, FL 33145

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE Director ☒ DELETE
NAME Virginia Costa
STREET ADDRESS 848 BRICKELL AVE #809
CITY-ST-ZIP MIAMI FL 33131

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE Vice President ☒ DELETE
NAME Virginia Costa
STREET ADDRESS 848 BRICKELL AVE #809
CITY-ST-ZIP MIAMI FL 33131

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. I do 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 annual report or supplemental annual 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 11 or Block 12, or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/06