

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2003 8:00 am
Secretary of State

05-23-2003 90150 028 ***150.00

DOCUMENT # P02000116237

1. Entity Name
WORLDWIDE TITLE INSURANCE SERVICES INC.
Global TITLE GROUP, INC.

Principal Place of Business
5800 GRANADA BLVD
CORAL GABLES FL 33146

Mailing Address
5800 GRANADA BLVD
CORAL GABLES FL 33146

2. Principal Place of Business
2828 CONALWAY
Suite, Apt. #, etc.
SUITE 450
City & State
MIAMI, FL 33145

3. Mailing Address
2828 CONALWAY
Suite, Apt. #, etc.
SUITE 450
City & State
MIAMI, FL

4. FEI Number
431984090

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE CARENAS, MARTA E
5800 GRANADA BLVD
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name **Miguel F. MIRABAI**
Street Address (P.O. Box Number is Not Acceptable)
433 SANDUINO AVE
CORAL GABLES, FL
City **FL** Zip Code **33146**

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

Monter E. D. Carballo

5-1-03

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

TITLE **D** ☒ Delete
NAME **DE CARDENAS, MARTA E**
STREET ADDRESS **5800 GRANADA BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR / PRESIDENT** ☐ Change ☒ Addition
NAME **MIGUEL F. MIRABAI**
STREET ADDRESS **433 SANDUINO AVE**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Change ☒ Addition
NAME **VIRGINIA COSTA**
STREET ADDRESS **818 BRICKELL AVE # 809 (DIR. / V.P.)**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **DIRECTOR / VICE-PRESIDENT** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Monter E. D. Carballo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03

Date **786.287.7767**

CR2E034 (10/02)