## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

P02000121587

1. Entity Name

MIRAMAR TITLE, INC.

## Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90247 029 \*\*\*150.00 **FILED**

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TITLE GAMBOA, JAIME NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Principal Place of Business 12525 ORANGE DR., SUITE 704 DAVIE FL 33330		Mailing Address 12525 ORANGE DR SUITE 704 DAVIE FL 33330							
City & State  See Required  Fee Required  Fee Required  Fee Required  Fee Required  Fee Required  Fee Required  7. Name and Address of New Registered Agent  Name  Name  Spiechet, P.A.  1840 SW 22ND ST.  4TH FLOOR  MAMIF L 33145  City FL Zip Code  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  FILE NOWILI FEE IS \$150.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MMME  SIREET ADDRESS  CITY-ST-2P  DAVIE FL 33330  THE  Change Addition  MAME  SIREET ADDRESS  CITY-ST-2P  Change Addition  MAME  SIREET ADDRESS  SIR	2. Principal Place of Business		318 INDIAN TRACE # 451			0110 11011 00111 00111 00101 11016 11016 				
City & State    City & State	Suite, Apt. #, etc.		Suite, Apt. #, etc.		]					
SPIEGEL & UTRERA, P.A.  1840 SW 22ND ST. 4TH FLOOR MIAM! FL 33145  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  BITLE  GAMBOA, JAIME  13252 ORANGE DR., SUITE 704 Davies ITILE  Delate  ITILE  NAME  SIREET ADDRESS  CITY-ST-2P  Delate  TITLE  Delate  TITLE  NAME SIREET ADDRESS  CITY-ST-2P  Delate  TITLE  Delate  TITLE  Delate  TITLE  Delate  TITLE  SIREET ADDRESS  CITY-ST-2P  Delate  TITLE  Delate  TITLE  SIREET ADDRESS  CITY-ST-2P  Delate  TITLE  Delate  TITLE  Delate  TITLE  Delate  TITLE  SIREET ADDRESS  CITY-ST-2P  Delate  TITLE  Delate  TITLE  Delate  TITLE  SIREET ADDRESS  CITY-ST-2P  Delate  TITLE  SIREET ADDRESS  CITY-ST-2P  Delate  TITLE  SIREET ADDRESS  CITY-ST-2P	City & Stat	е	City & State	FLORIDA	4. FEI Number		<b> </b>			
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CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  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	CITY-ST-ZIP			B						

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 in address, with all other accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with in address, with all other accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with in address, with all other accurate and that my name appears in Block 10 or Block 11 if 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 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 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 the same legal effect as i

SIGNATURE:

TURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR