

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

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90090 032 \*\*\*150.00

**DOCUMENT # P02000129053**

1. Entity Name  
**CONCORD TITLE COMPANY**



Principal Place of Business  
**4710 PINE TREE DRIVE  
32  
MIAMI BEACH, FL 33140 US**

Mailing Address  
**4710 PINE TREE DRIVE  
32  
MIAMI BEACH, FL 33140 US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

**EPSTEIN, GRANT N  
4710 PINE TREE DRIVE  
32  
MIAMI BEACH, FL 33140**

Name

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

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW WITH FEE IS \$150.00

ATTN: MAR 12, 2003 FEE WILL BE \$150.00

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	P	<input type="checkbox"/> Delete
NAME	EPSTEIN, GRANT N	
STREET ADDRESS	4710 PINE TREE DRIVE #32	
CITY-ST-ZIP	MIAMI BEACH, FL 33140 US	
TITLE	S	<input type="checkbox"/> Delete
NAME	EPSTEIN, GRANT N	
STREET ADDRESS	4710 PINE TREE DRIVE #32	
CITY-ST-ZIP	MIAMI BEACH, FL 33140 US	
TITLE	T	<input type="checkbox"/> Delete
NAME	EPSTEIN, GRANT N	
STREET ADDRESS	4710 PINE TREE DRIVE #32	
CITY-ST-ZIP	MIAMI BEACH, FL 33140 US	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(1), 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:

*Grant N. Epstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-03**

Date

Daytime Phone #

CR2034 (10/02)