

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90112 032 ***150.00

DOCUMENT # P02000131681

1. Entity Name
DEPENDABLE TITLE, INC.



Principal Place of Business
15225 NW 77TH AVE., SUITE 201
MIAMI LAKES FL 33014

Mailing Address
15225 NW 77TH AVE., SUITE 201
MIAMI LAKES FL 33014



2. Principal Place of Business
6177 MIAMI LAKES DR.
Suite, Apt. #, etc.

3. Mailing Address
6177 MIAMI LAKES DR.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI LAKES, FL
Zip 33014 **Country** US

City & State
MIAMI LAKES, FL
Zip 33014 **Country** U.S.

4. FEI Number
57-1142997

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JULIO A. RIDRIGUEZ, ESQ., P.A.
15225 NW 77TH AVE., SUITE 201
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name JULIO A. RODRIGUEZ, ESQ., P.A.
Street Address (P.O. Box Number is Not Acceptable) 6177 MIAMI LAKES DR.
City MIAMI LAKES **FL** **Zip Code** 33014

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/15/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JULIO A	
STREET ADDRESS	15225 NW 77TH AVE., SUITE 201	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALLEJO, GEORGE E	
STREET ADDRESS	15430 NW 77TH CT.	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JULIO A.	
STREET ADDRESS	6177 MIAMI LAKES, DR.	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
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		
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		
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

Daytime Phone #

305-825-4778
954-649-0389

CR2E034 (10/02)