

PO3000046269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

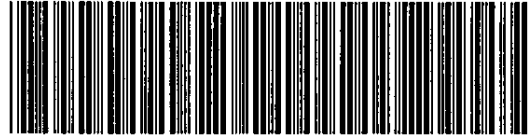
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TITLEQUEST, INC.

Name of Corporation

DOCUMENT NUMBER: P03000046269

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA KUGYELA

Name of Contact Person

TITLEQUEST, INC.

Firm/Company

4577 Nob Hill Road ~ Suite 210

Address

Sunrise, FL 33351

City/State and Zip Code

titlequest4@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Kugyela

Name of Contact Person

at ()

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TITLEQUEST, INC.
2. The principal office address: 4577 Nob Hill Road, Suite 210, Sunrise, FL 33351
3. The mailing address (if different): 5301 NW 66th Avenue, Lauderhill, FL 33319
4. Date of incorporation/qualification: 4/24/2003 Document number: P03000046269
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

**** FRAUDULENT ****

Alfredo Boney Zaballa

1234 S Dixie Hwy #1036, Coral Gables, FL 33146

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BENSON, MUCCI & WEISS, P.L.

5561 N University Drive, Suite 102

P.O. Box NOT acceptable

Coral Springs, FL 33067

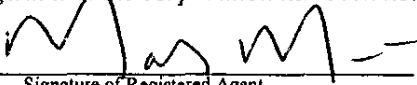
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

10.19.16
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

10/19/16
Date

If signing on behalf of an entity:

Mark S. Mucci
Typed or Printed Name

*** FILING FEE: \$35.00 ***

STATEMENT OF FACT
FRAUDULENT FILING OF 2016 AMENDED ANNUAL REPORT

October 19, 2016

TITLEQUEST, INC.
Barbara Kugyela - Owner
5301 NW 66th Avenue
Lauderhill, FL 33319

FEI # 57-1179336

Diane,

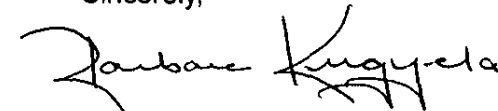
On October 18, 2016 I was made aware of a fraudulent 2016 Florida Profit Corporation Amended Annual Report that was filed on October 3, 2016 by Alfredo Boney Zaballa (enclosed). I do not know this person and therefore have not given him authorization to make any of the changes stated on the report (ie; place of business, registered agent, officer/director detail). I am the legal owner of this business and have remained as such as evident in all the previous filings.

Pursuant to our conversation on October 19, 2016, I have enclosed the Statement of Change that is necessary to revert my business back to the original correct/legal information. I kindly request that the change be made as soon as possible so as not to afford time to the fraudulent filer, as I would think this person is using the information for unlawful activity.

Additionally, please advise if there is a way to prevent a filing without my knowledge/authorization to prevent a re-occurrence. As you must be aware, fraud is rampant in Florida and I need to protect my company.

Thank you for your expedience with this matter.

Sincerely,



Barbara Kugyela
954-817-4305

FILED
16 OCT 20 AM 9:07
SECRETARY
TALLAHASSEE

2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000046269

Entity Name: TITLEQUEST, INC.

Current Principal Place of Business:

1234 S. DIXIE HIGHWAY
#1036
CORAL GABLES, FL 33146

Current Mailing Address:

1234 S. DIXIE HIGHWAY
#1036
CORAL GABLES, FL 33146 US

FEI Number: 57-1179336

Name and Address of Current Registered Agent:

BONEY ZABALLA, ALFREDO
1234 S. DIXIE HIGHWAY
#1036
CORAL GABLES, FL 33146 US

Certificate of Status Desired: No

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.

SIGNATURE: ALFREDO BONEY ZABALLA

10/03/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSTD

Name BONEY ZABALLA, ALFREDO

Address 1234 S. DIXIE HIGHWAY
#1036

City-State-Zip: CORAL GABLES FL 33146

*** FRAUDULENT ***

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALFREDO BONEY ZABALLA

P

10/03/2016

Electronic Signature of Signing Officer/Director Detail

Date