

2004 FOR PROFIT CORPORATION ANNUAL REPORT.

5/6

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-06-2004 90177 037 ***130.00

06-03-2004 90002 001 ****20.00

DOCUMENT # P03000097896

1. Entity Name:
SUPREME TITLE & ESCROW, INC.



Principal Place of Business
**8100 N. UNIVERSITY DRIVE #102
FT. LAUDERDALE, FL 33321**

Mailing Address
**8100 N. UNIVERSITY DRIVE #102
FT. LAUDERDALE, FL 33321**

54056500



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State:

City & State:

01152004

Chg-P

CR2E034 (10/03)

4. FEI Number

56-2392940

Applied For

Not Applicable

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

**MITTELBERG, BARRY
8100 N. UNIVERSITY DRIVE #102
FT. LAUDERDALE, FL 33321**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
NICOSIA, GIOVANNI
8100 N. UNIVERSITY DRIVE #102
FT. LAUDERDALE, FL 33321**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VSD
MAGARIL, ROBIN
8100 N. UNIVERSITY DRIVE #102
FT. LAUDERDALE, FL 33321**

☐ Delete

TITLE
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CITY- ST- ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Daytime Phone #