2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOCUMENT # **P93000037336** VENTURE TITLE SERVICES, INC. 05-04-2001 90163 024 ***150.00 Principal Place of Business Mailing Address 20801 BISCAYNE BLVD. P.O. BOX 1262 100121 SUITE 506 HALLANDALE FL 33008-1262 **AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0420620 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ----6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAVITT, JOEL A Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD. SUITE 506 NORTH MIAMI BEACH FL 33180 City Zip Code FL 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT TITLE ☐ Delete TITLE Change Addition NAME NAME Savitt, Joel A STREET ADDRESS 20801 BISCAYNE BLVD., SUITE 506 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL** Delete TITLE ☐ Change ☐ Addition NAME NAME SHORE, JUDITH A. STREET ADDRESS STREET ADDRESS 20801 BISCAYNE BOULEVARD, SUITE 506 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL ☐ Addition Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete DITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

13. 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 11 or Block 12 if changed, or on an attach that my name appears with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

4/20/01 305-936-9742