

FILED
Apr 09, 2008 08:00 AM
Secretary of State

1. Entity Name
VENTURE TITLE SERVICES, INC.



Mailing Address
P.O. BOX 1262
HALLANDALE, FL 33008-1262

DO NOT WRITE IN THIS SPACE



| | |
|---|----------------|
| 4. FEI Number 65-0420620 | Applied For |
| | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

SAVITT, JOEL A
20801 BISCAYNE BLVD.
SUITE 506
NORTH MIAMI BEACH, FL 33180

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

04/21/08-80001-002 150.00

| | |
|-----------------|---------------------------------|
| TITLE | DPT |
| NAME | SAVITT, JOEL A |
| STREET ADDRESS | 20801 BISCAYNE BLVD., SUITE 506 |
| CITY - ST - ZIP | AVENTURA, FL |

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 either like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____