

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000047927**

1. Entity Name

UPTOWN TITLE CORPORATION

Principal Place of Business

**2765 W CYPRESS CREEK RD
FT LAUDERDALE FL 33309**

Mailing Address

**2765 W CYPRESS CREEK RD
FT LAUDERDALE FL 33309-1721**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

SUITE D

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FARBSTEIN, DAVID R**2765 W CYPRESS CREEK RD, SUITE D
FT LAUDERDALE FL 33309**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FARBSTEIN, DAVID R	
STREET ADDRESS	2765 W CYPRESS CREEK RD , SUITE D	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	

TITLE	T	<input type="checkbox"/> Delete
NAME	FARBSTEIN, DIANE	
STREET ADDRESS	2765 W CYPRESS CREEK RD , SUITE D	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	

TITLE	VPS	<input type="checkbox"/> Delete
NAME	HOFFMAN, BARBARA J	
STREET ADDRESS	2765 W. CYPRESS CREEK ROAD , SUITE D	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

TITLE		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R. FARBSTEIN, PRESIDENT

1/18/00

Date

(954) 973-6999

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90097 036 ***150.00

805565

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0424006Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent