2001-UNIFORM BUSINESS REPORT (UBR) FILED Mar 29, 2001 8:00 am DOCUMENT # P93000076658 **Secretary of State** ALL FLORIDA TITLE COMPANY, INC. 03-29-2001 90021 008 ***150.00 Principal Place of Business Mailing Address 1 E BROWARD BLVD 1 E BROWARD BLVD SUITE 1500 **SUITE 1500** FT LAUDERDAEL F 33301 FT LAUDERDAEL FL 33301 2. Principal Place of Business 3. Mailing Address PK Bluc E. OAKLAND PK Blue 1995 E. Oaklum Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 310 City & State 4. FEI Number Applied For 65-0446500 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired UG 19 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARS, BURTON H.ESQ -----Address (P.O. Box Number is Not Acceptable) ONE E BROWARD BLVD **SUITE 1500** FT LAUDERDALE FL 33301 8. The above named entity submittenthis statement for the purpose of changing its registered office or registered agent, or SIGNATURE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE Delete TITLE BURTON H. MAUS MARS, BURTON H 1995 E. OAKLIED AR Blud - 310 NAME NAME 1 E BROWARD BLVD SUITE 1500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 the 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:

Buston H. Min

1X6 3-20-01

964 566 2200

Daytime Phone #