

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083265

1. Entity Name

TITLE PLUS COMPANY

Principal Place of Business

7950 W FLAGLER ST  
SUITE 104  
MIAMI FL 33144

Mailing Address

2950 W FLAGLER ST  
SUITE 104  
MIAMI FL 33144

2. Principal Place of Business

6401 SW 87 AVENUE

3. Mailing Address

6401 SW 87 AVE

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

100

City & State

Miami, FL

City & State

Miami, FL

Zip

33173

Country

Miami Dade

Zip

33173

Country

Miami, Dade

4. FEI Number

65-0456303

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

NAVARRO, JOSE A

7950 W FLAGLER ST

SUITE 104

MIAMI FL 33144

## 7. Name and Address of New Registered Agent

Name

JOSE A NAVARRO

Street Address (P.O. Box Number is Not Acceptable)

6401 SW 87 AVE

Suite 100

City

Miami

FL

Zip Code 33173

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

*J. A. Navarro*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/02

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, 2002 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

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, JOSE A		NAME	
STREET ADDRESS	7950 W FLAGLER ST SUITE 104		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*J. A. Navarro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90156 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0273073  
AV

CR2034 (9/01)

1/8/02 (305)  
630-3625  
Date Daytime Phone #