

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005832

1. Entity Name

OCEAN REEF TITLE INSURANCE, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90346 001 ***300.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5455 N. FEDERAL HWY SUITE K BOCA RATON FL 33487 US	5455 N. FEDERAL HWY SUITE K BOCA RATON FL 33487-4994 US

2. Principal Place of Business	3. Mailing Address
1430 So. Federal Hwy. Suite, Apt. #, etc. 302	P.O. Box 50041 Suite, Apt. #, etc.

City & State	City & State
Deerfield Beach, FLA.	Lighthouse Point, FLA.
Zip	Zip
33441	33074-0041
Country	Country
Broward.	Broward

4. FEI Number	65-0467465	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CALIENDO, SAM C 5455 N. FEDERAL HWY K BOCA RATON FL 33487

7. Name and Address of New Registered Agent
Name Caliendo, Sam C.
Street Address (P.O. Box Number is Not Acceptable) Suite 302
1430 So. Federal Hwy.
City Deerfield Beach, FL
Zip Code FL 33441

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 Sam C Caliendo [Signature] 4-21-00
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	PD <input type="checkbox"/> Delete
NAME	CALIENDO, SAM C
STREET ADDRESS	5455 N. FEDERAL HWY, SUITE K
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caliendo, Sam C.
STREET ADDRESS	1430 So Federal Hwy # 302
CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: [Signature] 4-21-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)