

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90150 035 \*\*\*150.00

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**DOCUMENT # P94000029602**



1. Entity Name  
**TITLE AUTHORITY, INC.**

Principal Place of Business  
**7336 W. 20 AVE.  
HIALEAH FL 33016**

Mailing Address  
**7336 W. 20 AVE.  
HIALEAH FL 33016**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0494121**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANFORD, SHARON  
7336 W 20 AVEN  
HIALEAH FL 33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BLANFORD, SHARON D.</b>	
STREET ADDRESS	<b>7336 W. 20TH AVE</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>Aladys Ruiz</b>	
STREET ADDRESS	<b>7336 W. 20 AVE</b>	
CITY-ST-ZIP	<b>Hialeah, Fla. 33016</b>	
TITLE	<b>Secy</b>	<input type="checkbox"/> Delete
NAME	<b>Nervisa Gonzalez</b>	
STREET ADDRESS	<b>7336 W. 20 AVE</b>	
CITY-ST-ZIP	<b>Hialeah, Fla. 33016</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Delete
NAME	<b>Seappete Diez</b>	
STREET ADDRESS	<b>7336 W. 20 AVE</b>	
CITY-ST-ZIP	<b>Hialeah, Fla. 33016</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/29/03** Daytime Phone #: **305-825-2439**

CR2E034 (10/02)