2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State
01-14-2000 90022 033 ***150.00

DOCUMENT # P94000037771

1. Entity Name

TITLEAMERICA INSURANCE CORPORATION

Principal Place of Business	Mailing Address
730 N.W. 107 AVE STE 121 MIAMI FL 33172 US	730 N.W. 107 AVE STE 121 MIAMI FL 33172-3104 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0494060 ☐ Applied For ☐ Not Applic.

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
THE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV REED, LINDA L 18605 S.W. 88TH RD. MIAMI FL 33172	☐ Delete	V Clotilde C. Keller 6821 S.W. 155 Avenue Miami, Florida 33193	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KAMINSKY, NANCY 7801 S.W. 146TH ST. MIAMI FL 33172	☐ Delete	S Debra B. Modist 1423 Alhambra Circle Coral Gables, Florida 33134	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS TEIXEIRA, LINDA 700 N.W. 107 AVE MIAMI FL 33172	☐ Delete		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP REEDER, THOMAS M 8540 S.W. 151ST ST. MIAMI FL 33172	☐ Delete		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT MUNOZ, JANICE 700 NW 107TH AVE. MIAMI FL 33172	☐ Delete		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDV PEKOR, ALLAN J 4546 PRAIRIE AVE MIAMI BEACH FL 33140	☐ Delete		☐ Change ☐

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: _____ 1/6/00 305-559-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas M. Reeder, President