

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000037771**1. Entity Name  
TITLEAMERICA INSURANCE CORPORATION

## Principal Place of Business

730 N.W. 107 AVE  
STE 121  
MIAMI FL  
33172 US

## Mailing Address

730 N.W. 107 AVE  
STE 121  
MIAMI FL  
33172 US

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**65-0494060**

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER  
THE CAPITOLTALLAHASSEE FL  
32301 US

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ **02/19/2001**

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, 2001 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	CDV	<input type="checkbox"/> Delete
NAME	PEKOR ALLAN J	
STREET ADDRESS	4546 PRAIRIE AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	MUNOZ JANICE	
STREET ADDRESS	700 NW 107TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DP	<input type="checkbox"/> Delete
NAME	REEDER THOMAS M	
STREET ADDRESS	8540 S.W. 151ST ST.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TELXEIRA LINDA	
STREET ADDRESS	700 N.W. 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KAMINSKY NANCY	
STREET ADDRESS	7801 S.W. 146TH ST.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REED LINDA L	
STREET ADDRESS	18605 S.W. 88TH RD.	
CITY-ST-ZIP	MIAMI FL 33172	

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	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCREYNOLDS BEVERLY J	
STREET ADDRESS	730 NW 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVINE PATRICIA	
STREET ADDRESS	730 N.W. 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKY NANCY	
STREET ADDRESS	730 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
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:** Janice Munoz

DVT

02/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)