

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000037771**1. Entity Name
NORTH AMERICAN TITLE 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 & State

City & 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

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

(NOTE: Registered Agent signature required when reinstating)

08/20/2001

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	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33140	<input type="checkbox"/> Delete
CDV	PEKOR ALLAN J	4546 PRAIRIE AVE	MIAMI BEACH	FL	33140	<input type="checkbox"/> Delete
DVT	MUNOZ JANICE	700 NW 107TH AVE.	MIAMI	FL	33172	<input type="checkbox"/> Delete
SVP	MCREYNOLDS BEVERLY J	730 NW 107 AVE.	MIAMI	FL	33172	<input type="checkbox"/> Delete
AS	IRVINE PATRICIA	730 N.W. 107 AVE	MIAMI	FL	33172	<input type="checkbox"/> Delete
DV	KAMINSKY NANCY	730 NW 107 AVE	MIAMI	FL	33172	<input type="checkbox"/> Delete
DV	REED LINDA L	18605 S.W. 88TH RD.	MIAMI	FL	33172	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33172	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	KRAUSE FLOYD	730 NW 107 AVENUE	MIAMI	FL	33172	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DVTS	MUNOZ JANICE	730 NW 107TH AVE.	MIAMI	FL	33172	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	PEKOR ALLAN J	730 NW 107 AVE.	MIAMI	FL	33172	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CV	KELLER CLOTILDE	730 N.W. 107 AVE	MIAMI	FL	33172	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DV	KAMINSKY NANCY	730 NW 107 AVE	MIAMI	FL	33172	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DV	REED LINDA L	730 NW 107 AVENUE	MIAMI	FL	33172	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

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**S****08/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)