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|---|-----------------------|---|--|
| DOCUMENT # P94000057605 | | | |
| 1. Entity Name | | | |
| TITLE WORKS OF MIAMI, INC. | | | |
| Principal Place of Business | | Mailing Address | |
| 6790 WEST 13TH AVENUE HIALEAH FL 33012 US | | 6790 WEST 13TH AVENUE HIALEAH FL 33012-6339 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| MORENO, ANTONIO 6790 W. 13TH AVE. HIALEAH FL 33012 | | | Name |
| | | | Street Address (If different from above) |
| | | | City |
| | | | State |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for change of agent.)</small> | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE | PTD | <input type="checkbox"/> Delete | |
| NAME | MORENO, ANTONIO | | |
| STREET ADDRESS | 6375 MIAMI LAKEWAY S. | | |
| CITY-ST-ZIP | MIAMI FL 33014 | | |
| 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 | |
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| 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. | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | |
| 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 607 of the Florida Statutes, and that my signature shall have the same effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered. | | | |

Daytime Phone #

CR2E034 (9/99)