

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065712

1. Entity Name

INTERSTATE TITLE & ESCROW, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90148 021 ***550.00

Principal Place of Business

Mailing Address

2500 WESTON RD

103E

FT LAUDERDALE FL 33331

US

2500 WESTON RD

103

FT LAUDERDALE FL 33331-3616

US

2. Principal Place of Business

1555 N. Park Dr., Ste 103

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip

Country

Zip

Country

33326

USA

4. FEI Number

65-0567561

Applied For

☒ Not Applicable

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

ARVESU, MANUEL M

2121 PONCE DE LEON BLVD

STE 920

CORAL GABLES FL 33134

Name

Cheryl Brown

Street Address (P.O. Box Numbers Not Acceptable)

1555 N. Park Dr., Ste 103

City

Weston

FL

Zip Code

33326

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/20/00

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | ARVESU, MANUEL M. | |
| STREET ADDRESS | 2500 WESTON RD STE 103 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33331 | |
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|---|
| TITLE | President / Owner | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Douglas Briceno | |
| STREET ADDRESS | 1555 N Park Dr., Ste. 103 | |
| CITY-ST-ZIP | Weston, FL 33326 | |
| TITLE | CEO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cheryl Brown | |
| STREET ADDRESS | 1555 N. Park Dr., Ste. 103 | |
| CITY-ST-ZIP | Weston, FL 33326 | |
| 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 | | <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/00

954 217-8818

Date

Daytime Phone #

CR2E034 (1/99)