

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93599 015 ***150.00

DOCUMENT # 995000019696 ✓
1. Entity Name
South Title Service S, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>9445 SW 40th St</u> Suite, Apt. #, etc. <u>2nd Floor</u> City & State <u>Miami, FL</u> Zip <u>33165</u> Country <u>USA</u>		3. Mailing Address <u>9445 SW 40th St</u> Suite, Apt. #, etc. <u>2nd Floor</u> City & State <u>Miami, FL</u> Zip <u>33165</u> Country <u>USA</u>	
--	--	--	--

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number <u>65-0568010</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <u>FL</u> 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 _____ (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)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Berta Jaffe</u> <u>15740 SW 46th Ter</u> <u>Miami FL 33185</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President</u> <u>Danielle Uable S</u> <u>7891 SW 157 Ter</u> <u>Miami FL 33157</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034B (12/01)