

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023597

1. Entity Name

KLEAR TITLE INSURANCE GROUP, INC.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90202 030 ***150.00

Principal Place of Business

Mailing Address

312 S.E. 17 STREET
2ND FLOOR
FT. LAUDERDALE FL 33316
US

312 S.E. 17 STREET
2ND FLOOR
FT. LAUDERDALE FL 33316
US

2. Principal Place of Business

3. Mailing Address

7251 W PALMETTO PARK RD
Suite, Apt. #, etc.
301

7251 W. PALMETTO PARK RD
Suite, Apt. #, etc.
301

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33433

Country
USA

Zip
33433

Country
USA

4. FEI Number 65-0570781

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

KOPELOWITZ, HARVEY
312 S.E. 17 STREET
2ND FLOOR
FT. LAUDERDALE FL 33316

Name KOPELOWITZ, HARVEY
Street Address (P.O. Box Number is Not Acceptable)

7251 W. PALMETTO PARK ROAD #301
City BOCA RATON FL Zip Code 33433

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)

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 D ☐ Delete
NAME KOPELOWITZ, HARVEY
STREET ADDRESS 312 S.E. 17 STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE President ☐ Change ☒ Addition
NAME Kopelowitz, Harvey
STREET ADDRESS 7251 W. Palmetto Park Road, Suite 301
CITY-ST-ZIP Boca Raton, FL 33433

TITLE VP ☐ Delete
NAME TURY, CHRISTOPHER
STREET ADDRESS 5400 S. University Drive, #104
CITY-ST-ZIP Davie, FL 33328

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)