

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90306 021 \*\*\*150.00

**DOCUMENT # P95000032137**

1. Entity Name

SUNCOAST TITLE COMPANY, INC.

Principal Place of Business

8433 W OKEECHOBEE ROAD  
 SUITE G1  
 HIALEAH GARDENS FL 33016

Mailing Address

8433 W OKEECHOBEE ROAD  
 SUITE G1  
 HIALEAH GARDENS FL 33016

2. Principal Place of Business

300 SEVILLA AVE

3. Mailing Address

300 SEVILLA AVE

Suite/Apt. #, etc.

206

Suite/Apt. #, etc.

206

City & State

CORAL GABLES FLA.

City & State

CORAL GABLES FLA.

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0637013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HELLMAN, MAYNARD J

8433 W OKEECHOBEE ROAD  
 SUITE G1  
 HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

Name

MAYNARD J. HELLMAN

Street Address (P.O. Box Number is Not Acceptable)

300 SEVILLA AVE #206

City

CORAL GABLES

FL

Zip Code  
 33134

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

4-26-02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HELLMAN, MAYNARD J	
STREET ADDRESS	8433 W OKEECHOBEE ROAD SUITE G1	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR/Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYNARD J. HELLMAN	
STREET ADDRESS	300 SEVILLA AVE #206	
CITY-ST-ZIP	CORAL GABLES, FLA. 33134	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALINDA GREEN	
STREET ADDRESS	1347 TOWHEE ST	
CITY-ST-ZIP	HOME STRAD, FLA 33035	
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		
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

4-26-02

Date

305-448-3112

Daytime Phone #

CR2E034 (9/01)