

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90381 014 ***150.00

DOCUMENT # P95000032137

1. Entity Name
SUNCOAST TITLE COMPANY, INC.



Principal Place of Business
300 SEVILLA AVE
206
CORAL GABLES FL 33134

Mailing Address
300 SEVILLA AVE
206
CORAL GABLES FL 33134

2. Principal Place of Business

2999 NE 191 STREET

3. Mailing Address

P.O. Box 611357

Suite, Apt. #, etc.

Penthouse 8

Suite, Apt. #, etc.

NORTH MIAMI, FLA

City & State

AVENTURA FLA

City & State

NORTH MIAMI, FLA

Zip

33180

Country

USA

Zip

33261

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

300 SEVILLA AVE

#206

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

2999 NE 191 STREET

Penthouse 8

City AVENTURA,

FL

Zip Code 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HELLMAN, MAYNARD J	
STREET ADDRESS	300 SEVILLA AVE #206	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	GREEN, MALINOA	
STREET ADDRESS	1387-TOWHER ST	
CITY-ST-ZIP	HOMESTEAD FL 33035	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2999 NE 191 ST, PHB	
STREET ADDRESS	AVENTURA, FLA 33180	
CITY-ST-ZIP	AVENTURA, FLA 33180	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2999 NE 191 ST, PHB	
STREET ADDRESS	AVENTURA, FLA 33180	
CITY-ST-ZIP	AVENTURA, FLA 33180	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03

305-466-8100

Date

Daytime Phone #

CR2E034 (10/02)