

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90065 043 \*\*\*150.00

**DOCUMENT # P95000045785**

1. Entity Name

**SOUTH FLORIDA TITLE RESEARCH, INC.**

Principal Place of Business

**6342 FOREST HILL BLVD  
 #258  
 WEST PALM BEACH FL 33415  
 US**

Mailing Address

**PO BOX 18395  
 WEST PALM BEACH FL 33416  
 US**

2. Principal Place of Business

**13833 Wellington Trace**

3. Mailing Address

**13833 Wellington Trace**

Suite, Apt. #, etc.

**121**

Suite, Apt. #, etc.

**121**

City & State

**West Palm Beach Fl**

City & State

**West Palm Beach Fl**

4. FEI Number

**65-0587542**

Applied For

☐ Not Applicable

Zip  
**33414**

Country

**Palm Beach**

Zip  
**33414**

Country

**Palm Beach**

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

**LATOUCHE, PAUL**

**6342 FOREST HILL BLVD**

**#258**

**WEST PALM BEACH FL 33415**

Name **SAME**

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

**13833 Wellington Trace #121**

City **West Palm Beach**

**FL**

Zip Code  
**33414**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LATOUCHE, PAUL</b> <b>6342 FOREST HILL BLVD #258</b> <b>WEST PALM BEACH FL 33415</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LATOUCHE, PAUL</b> <b>13833 Wellington Trace #121</b> <b>West Palm Beach FL 33414</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

**4-17-01 561-780-7868**

CR2E034 (10/00)