

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

FILED

02 JUL -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000094621**
1. Entity Name **Southeast Title Services Group, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
999 Ponce de Leon Blvd
Suite, Apt. #, etc. **Suite 601**
City & State **Coral Gables, FL**
Zip **33134** Country **USA**

3. Mailing Address
999 Ponce de Leon Blvd
Suite, Apt. #, etc. **Suite 601**
City & State **Coral Gables, FL**
Zip **33134** Country **USA**

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4. FEI Number **05-0626226**
Applied For: ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MARIA R. FERNANDEZ GOMEZ**
Street Address (P.O. Box Number is Not Acceptable) **999 Ponce de Leon Blvd**
Suite, Apt. #, etc. **Suite 601**
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  **MARIA FERNANDEZ GOMEZ** DATE **6/25/02**
(Typed or printed name of registered agent and date if applicable) (Typed or printed name of registered agent required when reinstating)

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 **PRESIDENT**
NAME **MARIA R. FERNANDEZ GOMEZ**
STREET ADDRESS **999 Ponce de Leon Blvd #601**
CITY - ST - ZIP **Coral Gables, FL 33134**

TITLE **4000006232524**
NAME **-07/05/02--01083--008**
STREET ADDRESS *******300.00 *****150.00**
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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 on an attachment with an address, with all other like empowered.

SIGNATURE  **MARIA FERNANDEZ GOMEZ** DATE **6/25/02** DAYTIME **(305) 448-4488**
(Typed or printed name of signing officer or director)

7/12/02

CR2E034B (12/01)