

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

May 01, 2003 8:00 am  
Secretary of State

05-01-2003 90362 037 \*\*\*150.00

DOCUMENT # P95000094621

1. Entity Name  
SOUTHEAST TITLE SERVICES GROUP INC.



Principal Place of Business  
999 PONCE DE LEON BLVD  
SUITE 601  
CORAL GABLES, FL 33134

Mailing Address  
999 PONCE DE LEON BLVD  
SUITE 601  
CORAL GABLES, FL 33134

2. Principal Place of Business

2199 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 201

3. Mailing Address

2199 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 201

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

US

Zip

33134

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0626226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ GOMEZ, MARIA  
999 PONCE DE LEON BLVD  
SUITE 601  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Fernandez Gomez, Maria

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

2199 Ponce de Leon Blvd.

Suite 201

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

SIGNATURE

*[Signature]*

MARIA FERNANDEZ GOMEZ

4-28-03

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P  
NAME FERNANDEZ-GOMEZ, MARIA  
STREET ADDRESS 999 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES, FL 33134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Fernandez Gomez, Maria  
STREET ADDRESS 2199 Ponce de Leon Blvd, Suite 201  
CITY-ST-ZIP Coral Gables, FL 33134 ☒ Change ☐ Addition

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

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

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

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

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

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]* MARIA FERNANDEZ GOMEZ 4-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)