

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017803

1. Entity Name

BANKERS TITLE & TRUST CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90423 047 ***150.00

Principal Place of Business

139 NE 1ST AVE
HALLANDALE FL 33009

Mailing Address

139 NE 1ST AVE
HALLANDALE FL 33009

753004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1749 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

117

City & State

Hallandale Beach, FL

Zip

33009

Country

BROWARD

3. Mailing Address

Suite, Apt. #, etc.

City & State

← SAME

Zip

Country

4. FEI Number 65-0644905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NURIELI, ARIEL
139 NE 1ST AVE
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

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

1749 E. Hallandale Beach Blvd

Suite 117

City

Hallandale Beach

Zip Code

33009

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

Ariel Nurieli

4/24/01

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

TITLE	P	☐ Delete
NAME	NURIELI, EDDIE	
STREET ADDRESS	139 NE 1ST AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	☐ Delete
NAME	RIELI, A N	
STREET ADDRESS	139 NE 1ST AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	1749 E. Hallandale Beach Blvd. #117
CITY-ST-ZIP	Hallandale Beach, FL 33009
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	1749 E. Hallandale Beach Blvd., #117
CITY-ST-ZIP	Hallandale Beach, FL 33009
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)