2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

May 10, 2000 8:00 am Secretary of State DOCUMENT # **P96000028503** INTRACOASTAL TITLE CORP. 05-10-2000 90107 027 ***150.00 Mailing Address Principal Place of Business 11098 BISCAYNE BLVD 11098 BISCAYNE BLVD SUITE 205 SUITE 205 MIAMI FL 33161-7486 MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FÉI Number Applied For City & State City & State 65-0657626 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KELLEY, CHRISTOPHER P Street Address (P.O. Box Number is Not Acceptable) 11098 BISCAYNE BLVD SUITE 205 **MIAMI FL 33161** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE FRECHETTE, JOSEPH C JR NAME NAME STREET ADDRESS 11098 BISCAYNE BLVD SUITE 205 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33161 ☐ Addition Change ☐ Delete TITLE TITLE KELLEY, CHRISTOPHER P NAME NAME STREET ADDRESS STREET ADDRESS 11098 BISCAYNE BLVD SUITE 205 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33161 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

President 4/28/4 305 893-6004