

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037297

1. Entity Name

OLD CUTLER TITLE SERVICES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90364 029 ***150.00

Principal Place of Business

Mailing Address

7762 SW 184 LANE
 MIAMI FL 33157

7762 SW 184 LANE
 MIAMI FL 33157-7465

2. Principal Place of Business

3. Mailing Address

1000 Ponce de Leon Blvd

1000 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 318

Ste. 318

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33134

33134



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0833310

Applied For

Not Applicable

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

MARTINEZ, ERNESTO JR
 7762 SW 184 LANE
 MIAMI FL 33157

Name

Ernesto Martinez, Jr.

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

1000 Ponce De Leon Blvd., Ste. 318

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/2000

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, 2000 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 ☐ Delete
 NAME D
 STREET ADDRESS MARTINEZ, ERNESTO JR
 CITY-ST-ZIP 7762 SW 184 LANE
 MIAMI FL 33157

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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

[Signature] 4/26/2000 (305) 446-0702

Date

Daytime Phone #

CR2E034 (9/99)