

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90142 047 ***150.00

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DOCUMENT # P96000060234

1. Entity Name
MARKETABLE TITLE AND ESCROW SERVICES, INC.



Principal Place of Business
412 SOUTHEAST 23RD STREET
FORT LAUDERDALE FL 33316

Mailing Address
412 SOUTHEAST 23RD STREET
FORT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

701 W. CYPRESS CREEK RD.
SUITE 303
FORT LAUDERDALE, FL 33309

701 W. CYPRESS CREEK RD.
SUITE 303
FORT LAUDERDALE, FL 33309

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0684817**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOTTFRIED, PAUL D
412 SOUTHEAST 23RD STREET
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name **Gottfried, Paul D**
Street Address (P.O. Box Number is Not Acceptable)
701 W. CYPRESS CREEK RD.
SUITE 303
FORT LAUDERDALE, FL 33309
City **FL** **Zip Code**

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 *Paul D. Gottfried*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ **Delete**
NAME **AMSTER, STEVEN R**
STREET ADDRESS **412 SOUTH EAST 23 STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **PTD** ☒ **Change** ☐ **Addition**
NAME **Amster, Steven R**
STREET ADDRESS **701 W. CYPRESS CREEK RD.**
CITY-ST-ZIP **SUITE 303**
FORT LAUDERDALE, FL 33309

TITLE **VSD** ☐ **Delete**
NAME **GOTTFRIED, PAUL D**
STREET ADDRESS **412 SOUTHEAST 23RD ST**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **VSD** ☒ **Change** ☐ **Addition**
NAME **Gottfried, Paul D**
STREET ADDRESS **701 W. CYPRESS CREEK RD.**
CITY-ST-ZIP **SUITE 303**
FORT LAUDERDALE, FL 33309

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: *STEVEN R AMSTER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03 *954-467-7840*

Date

Daytime Phone #

CR2E034 (10/02)