

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062500

1. Entity Name

U.S. TITLE & GUARANTY CORPORATION

FILED

Mar 21, 2000 8:00 am  
Secretary of State

03-21-2000 90053 001 \*\*\*150.00

Principal Place of Business  
14505 COMMERCE WAY  
#400  
MIAMI LAKES FL 33016

Mailing Address  
14505 COMMERCE WAY  
#400  
MIAMI LAKES FL 33126-1927

2. Principal Place of Business  
7270 NW 12 Street  
Suite, Apt. #, etc.  
Suite 410

3. Mailing Address  
7270 NW 12 Street  
Suite, Apt. #, etc.  
Suite 410

City & State  
Miami FL

City & State  
Miami FL

Zip  
33126-

Country

Zip  
33126-

Country

4. FEI Number 65-0746607

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
JOHNSTON, PATRICE M  
14505 COMMERCE WAY  
#400  
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent  
Name Keyla Alba Reilly  
Street Address (P.O. Box Number is Not Acceptable)  
7270 NW 12 Street  
Suite 410  
City Miami, FL Zip Code 33126

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 *Keyla Alba Reilly* DATE 7/14/00  
(NOTE: Registered Agent signature required when reinstating)

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	VT	<input checked="" type="checkbox"/> Delete		TITLE	P Luis P. Rabell	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RICE, SHERYL S			NAME	7270 NW 12 Street, Suite 410		
STREET ADDRESS	14505 COMMERCE WAY, #400			STREET ADDRESS	miami, FL 33126		
CITY-ST-ZIP	MIAMI LAKES FL 33016			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	VT Emiliano de la Fuente	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROSEWATER, JAMES P			NAME	7270 NW 12 Street, Suite 410		
STREET ADDRESS	5901 N.W. 151ST ST.			STREET ADDRESS	miami, FL 33126		
CITY-ST-ZIP	MIAMI LAKES FL 33014			CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	S Keyla Alba Reilly	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WEITZER, HARRY			NAME	7270 NW 12 Street, Suite 410		
STREET ADDRESS	5901 N.W. 151ST ST.			STREET ADDRESS	miami, FL 33126		
CITY-ST-ZIP	MIAMI LAKES FL 33014			CITY-ST-ZIP			
TITLE	AVS	<input checked="" type="checkbox"/> Delete		TITLE	DV Thomas Iglesias	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHNSTON, PATRICE M			NAME	7270 NW 12 Street, Suite 410		
STREET ADDRESS	5901 N.W. 151ST ST.			STREET ADDRESS	miami, FL 33126		
CITY-ST-ZIP	MIAMI LAKES FL 33014			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Keyla Alba Reilly* DATE 7/14/00 DAYTIME PHONE #