

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90096 001 ***150.00

DOCUMENT # P96000062500

1. Entity Name

U.S. TITLE & GUARANTY CORPORATION

Principal Place of Business

Mailing Address

**7270 NW 12TH ST
STE 410
MIAMI FL 33126****7270 NW 12TH ST
STE 410
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

**REILLY, KEYLA A
7270 NW 12TH ST
STE 410
MIAMI FL 33126**

Name

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

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VT	DE LA FUENTE, EMILIANO	7270 NW 12TH ST STE 410	MIAMI FL 33126	<input checked="" type="checkbox"/>	VT D	Norris, Wayne	7270 NW 12th St, Ste 410	Miami, FL 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	RABELL, LUIS P	7270 NW 12TH ST -STE 410	MIAMI FL 33126	<input type="checkbox"/>	P D	Rabell, Luis P	7270 NW 12th St, Ste 410	Miami, FL 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	REILLY, KEYLA A	7270 NW 12TH ST -STE 410	MIAMI FL 33126	<input type="checkbox"/>	SV D	Alba - Reilly, Keyla	7270 NW 12th St, Ste 410	Miami, FL 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	IGLESIAS, THOMAS	7270 NW 12TH ST -STE 410	MIAMI FL 33126	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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)