

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068420

1. Entity Name  
**MINTO TITLE, INC.**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90148 019 \*\*\*150.00

Principal Place of Business  
**4400 WEST SAMPLE ROAD  
SUITE 200  
COCONUT CREEK FL 33073-3450**

Mailing Address  
**4400 WEST SAMPLE ROAD  
SUITE 200  
COCONUT CREEK FL 33073-3450**

**00048882**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0687748</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>GREENBERG, MICHAEL 4400 WEST SAMPLE ROAD SUITE 200 COCONUT CREEK FL 33073-3450</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		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 \_\_\_\_\_  
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) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	---	--	--	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GREENBERG, MICHAEL</b>		NAME		
STREET ADDRESS	<b>4400 W SAMPLE RD., SUITE 200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>JOANISSEE, PHILIPPE</b>		NAME		
STREET ADDRESS	<b>4400 W SAMPLE RD., SUITE 200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>POSIN, HARRY</b>		NAME		
STREET ADDRESS	<b>4400 W SAMPLE RD., SUITE 200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GREENBERG, ROGER</b>		NAME		
STREET ADDRESS	<b>4400 W SAMPLE RD., SUITE 200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>		CITY-ST-ZIP		
TITLE	VPEP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>UNGER, CRAIG</b>		NAME		
STREET ADDRESS	<b>4400 W AMPLE RD., SUITE 200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>		CITY-ST-ZIP		
TITLE	VPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RODGERS, FRANK</b>		NAME		
STREET ADDRESS	<b>4400 W AMPLE RD., SUITE 200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>		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: *Frank Rodgers* **FRANK RODGERS** 4/28/01 **954-973-4490**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0493348

CR2E034 (10/00)