| DOCUMENT # P96000068420  1. Entity Name MINTO TITLE, INC.                               |   |   |  |                                      | May 03, 2002 8:00 am<br>Secretary of State<br>05-03-2002 90042 023 ***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                                     |  |                                      |  | TOUR BUILD HOUR BRAIR   |                           |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |                                      |  | 121/2 21/21 12/11 217/2 |                           |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |                                      | DO NOT WRITE IN THIS SPACE   |                         |                           |  |
| City & State  |   | City & State  |  | <b>4.</b> F                          | El Number 65-0687748   | <del></del>             | pplied For                |  |
| Zip   | Country   | Zip   | Country  | 5. (                                 | Certificate of Status Desired  | \$8.75 Add              | ot Applicable<br>ditional |  |
|   | 6. Name and Address of Current F  | legistered Agent  |  | 7. N                                 | lame and Address of New Registe  |                         | ;u                        |  |
|   |   |   | Name   |                                      |  |                         |                           |  |
|   | erg, Michael<br>St sample road  |   | Street A                                       | Street Address (P.O. Box Number is N |  |                         |                           |  |
| SUITE 20  |   |   | -  |                                      | <del>,</del>   |                         |                           |  |
|   | T CREEK FL 33073-3450   | City  |  |                                      |  | Zip Cod                 | le                        |  |
| 8. The above  | e named entity submits this statement for   | the purpose of changing its re  | gistered office or                             | registered age                       | ent, or both, in the State of Florida.   | I                       |                           |  |
| SIGNATURE   | Signature, typed or printed name of registered agent an                                     | id title if applicable. (NOTE: Re   | egistered Agent signatu                        | re required when re                  | instating) DA  | ATE                     |                           |  |
| Tax filing  | oration is eligible to satisfy its Intangible requirement and elects to do so, ria on back) | FILE NOW!!! FEE IS \$150.00<br>After May 1, 2002 Fee will be \$550.00<br>Make Check Payable to Department of St |  | 50.00                                | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees |                         |                           |  |
| 11.   | OFFICERS AND D  | PIRECTORS   | 12.  | ADI                                  | DITIONS/CHANGES TO OFFICERS  | AND DIRECTOR            | S IN 11                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>GREENBERG, MICHAEL<br>4400 W SAMPLE RD., SUITE 200<br>COCONUT CREEK FL                 | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                      |  | ☐ Change                | ☐ Addition                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SVP<br>JOANISSEE, PHILIPPE<br>4400 W SAMPLE RD., SUITE 200<br>COCONUT CREEK FL              | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                      |  | ☐ Change                | ☐ Addition                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SVP<br>POSIN, HARRY<br>4400 W SAMPLE RD., SUITE 200<br>COCONUT CREEK FL                     | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | EV                                   | P  | Change                  | Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>GREENBERG, ROGER<br>4400 W SAMPLE RD., SUITE 200<br>COCONUT CREEK FL                  | □ Delete  | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP       |                                      |  | ☐ Change                | ☐ Addition \              |  |
| TITLE<br>Name<br>Street address<br>City-St-Zip  | VPEP<br>UNGER, CRAIG<br>4400 W AMPLE RD., SUITE 200<br>COCONUT CREEK FL                     | ☐ Delete  | TITLE NAME -STREET ADDRESS CITY-ST-ZIP         | SVP                                  | PEP  | Change                  | Addition                  |  |
| TITLE<br>Name<br>Street address   | VPST<br>RODGERS, FRANK<br>4400 W AMPLE RD., SUITE 200                                       | ☐ Delete  | TITLE NAME STREET ADDRESS                      |                                      |  | ☐ Change                | Addition                  |  |

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**COCONUT CREEK FL** 

SIGNATURE AND TYPED OR PRINTED MYE OF SIGNING OFFICER OR DIRECTOR DELECTION Date Date Dayling Phone #

Attachment DOLL Pale 0000 68420

## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000068420 MINTO TITLE, INC.

952328

| 12   | ADDITIONS/CHANGES TO   | O OFFICERS AND | DIRECTORS IN 11 |
|--|--|----------------|-----------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | D<br>GREENBERG, DANIEL<br>4400 W. SAMPLE RD., # 200<br>COCONUT CREEK, FL 33073 | ☐ Change       |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>CLEMENT, GARY<br>4400 W. SAMPLE RD., # 200<br>COCONUT CREEK, FL 33073    | Change         |                 |