

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90318 048 ***150.00

DOCUMENT # P96000068420

1. Entity Name

MINTO TITLE, INC.



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**

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 **65-0687748**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENBERG, MICHAEL
4400 WEST SAMPLE ROAD
SUITE 200
COCONUT CREEK FL 33073-3450**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GREENBERG, MICHAEL	
STREET ADDRESS	4400 W SAMPLE RD., SUITE 200	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	JOANISSEE, PHILIPPE	
STREET ADDRESS	4400 W SAMPLE RD., SUITE 200	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	EV	<input type="checkbox"/> Delete
NAME	POSIN, HARRY	
STREET ADDRESS	4400 W SAMPLE RD., SUITE 200	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREENBERG, ROGER	
STREET ADDRESS	4400 W SAMPLE RD., SUITE 200	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	SVEP	<input type="checkbox"/> Delete
NAME	UNGER, CRAIG	
STREET ADDRESS	4400 W AMPLE RD., SUITE 200	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	RODGERS, FRANK	
STREET ADDRESS	4400 W AMPLE RD., SUITE 200	
CITY-ST-ZIP	COCONUT CREEK FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

FRANK RODGERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 954-973-4490

Date

Daytime Phone #

CR2E034 (10/02)