FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90164 003 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076948

1. Entity Name

SOUTHEASTERN TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
200 S. Biscayne Blvd. Suite 2100 Miami, FL 33131	200 S. Biscayne Blvd. Suite 2100 Miami, FL 33131

A0051198

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
201 Alhambra Circle	201 Alhambra Circle
Suite, Apt. #, etc.: Suite 601	Suite, Apt. #, etc.: Suite 601
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 650700900 ☐ 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
David Shear 200 S. Biscayne Blvd. Suite 2100 Miami, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle Suite 601 City: Coral Gables **FL** Zip Code: 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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, 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	VSD Ronald R. Fieldstone 200 S. Biscayne Blvd., Suite 2100 Miami, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD Ronald R. Fieldstone 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Paul Lester 200 S. Biscayne Blvd., Suite 2100 Miami, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Paul Lester 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD David Shear 200 S. Biscayne Blvd., Suite 2100 Miami, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD David Shear 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD Michael Denberg 200 S. Biscayne Blvd., Suite 2100 Miami, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD Michael Denberg 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ Ronald R. Fieldstone 4/ 11/01 305-357-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #