

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**  
 03-03-2000 90260 036 \*\*\*150.00

**DOCUMENT # P96000087321**

1. Entity Name  
**FLORIDA TITLE & ESCROW COMPANY**

Principal Place of Business 2121 PONCE DE LEON BLVD SUITE 920 CORAL GABLES FL 33134 US	Mailing Address 2121 PONCE DE LEON BLVD SUITE 920 CORAL GABLES FL 33134-5218 US
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2. Principal Place of Business 201 Alhambra Circle Suite, Apt. #, etc. Suite 502 City & State Coral Gables, FL Zip 33134 Country U.S.	3. Mailing Address 201 Alhambra Circle Suite, Apt. #, etc. Suite 502 City & State Coral Gables, FL Zip 33134 Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0737813	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARVESU, MANUEL M ESQ. 2121 PONCE DE LEON BLVD SUITE 920 CORAL GABLES FL 33134	
7. Name and Address of New Registered Agent Name: Arvesu, Manuel M. Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle Suite 502 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: (NOTE: Registered Agent signature required when reinstating) DATE: 2/11/2000

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, 2000 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"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PSD	ARVESU, MANUEL M		PSD	Arvesu, Manuel M.	
STREET ADDRESS	2121 PONCE DE LEON BLVD, SUITE 920		STREET ADDRESS	201 Alhambra Circle	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUEREDO, MARIA E.		NAME	Figueredo, Maria E.	
STREET ADDRESS	2121 PONCE DE LEON BLVD SUITE 920		STREET ADDRESS	201 Alhambra Circle	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: DATE: 2/11/2000 DAYTIME PHONE #: 305-442-2558

CR2E034 (9/99)