

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 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 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 U.S. |
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| | |
|---|--|
| 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD ARVESU, MANUEL M 2121 PONCE DE LEON BLVD, SUITE 920 CORAL GABLES FL 33134 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FIGUERO, MARIA E. 2121 PONCE DE LEON BLVD SUITE 920 CORAL GABLES FL 33134 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD Arvesu, Manuel M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Alhambra Circle Coral Gables, FL. 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Figueredo, Maria E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Alhambra Circle Coral Gables, FL. 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Manuel M. Arvesu Pres** 2/11/2000. 305-442-2578
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)