2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

-SUITE 2109 -

1390 SOUTH DIXIE HIGHWAY

P97000004448 DOCUMENT

1. Entity Name

SUITE-2109

Principal Place of Business

1390-SOUTH-DIXIE-HIGHWAY

changed, or on an attachn

TREASURE COVE TITLE SERVICES, INC.



FILED Sep 17, 2003 8:00 am Secretary of State

09-17-2003 90020 035 ***550.00



US	CORAL GABLES-FL-33146				CORAL-GABLES FL-99148										
9.485 Sunset Drive	US 2. Principal Plane of Pusings				US										
Suite A - 292				1											
Suite A-292 Suite A-293 A*FEI Number 65-0761417 Applied For Not															
Miami, Florida Miami, Florida S-07/014 Not Applicable 20 20 Country 20 Country 33173 USA 33173 USA 7. Name and Address of Statute Desired \$8.75 Additional Fee Required									XXXCHECK HERE IF MAKING CHANGES						
Country State St	City & State				City & State				_4. FEI Number CE 0701417 Applied For						٦
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORDERO, ANA DIAZ 9485 SUNSET DRIVE SUITE A-292 MIAMI FL 33173 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sam familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delde TITLE Delde TITLE MARE SIRET ADDRESS CITY-51-7P TITLE MARE SIRET ADDRESS					iami, Flori		- -	65-0/6141/				No	ot Applicable	1	
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Name Name Street Address (PO. Box Number is Not Acceptable)	33173							Fee Hequired							╛
Street Address (P.O. Bax Number is Not Acceptable) Street Address (P.		6. Name	and Address of Current	Register	ed Agent		41	7.	Name and	Address of I	New Regis	tered Ag	ent		4
SURSET PRIVE SURE A-292 MAMI FL 33173 8. The above named entity submits this statement for the purpose of changing its registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Southwest typed or creed range of registered agent are title agestable. ONTE Registered Agent spratture required when remotating)							Name								
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TITLE NAME STRET ADDRESS CITY-ST-ZIP Change Addition Additi	After Make Check	May 1, 200	3 Fee will be \$550.00 Florida Department of			•			Tru	st Fund Cont	ribution.		Added	I to Fees	
REY, MARIA 1390 SOUTH DIXE HWY SUITE 2109 CORAL GABLES FL 33146 TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		OFFICERS AND	DIRECTO		•		A	DDITIONS/	CHANGES TO	OFFICER				۽ ا
Delete	NAME STREET ADDRESS	REY, MARIA	TH DIXIE HWY SUITE-2	109 —	☐ Delete	NAMI STRE	ET ADDRESS	REY, 9485	Sunset		Suite			Addition	70,017, 1001
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indicated on this report or supplemental report is true and adjuste and that my signature shall have the same legal effect as if made under oath; that if am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c	certify that the	information supplied with	this filing	Opes not qualify for the	STREE CITY-	T ADDRESS ST-ZIP nption state	ed in Section	119.07(3)(i), Florida Stal	utes. I furtl	her certify	that the ir	nformation	

QUIREMARIA REY

9/8/2003

Date

(305) 274-1729

Davtime Phone #