

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012577

1. Entity Name  
FLORIDIAN TITLE SERVICES INC.



**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90118 029 \*\*\*550.00

0059127 AV

Principal Place of Business  
9999 SW 72 ST  
SUITE 204  
MIAMI FL 33173  
US

Mailing Address  
9999 SW 72 ST  
SUITE 204  
MIAMI FL 33173  
US



2. Principal Place of Business  
11755 SW 90 ST  
Suite, Apt. #, etc.  
S-101

3. Mailing Address  
11755 SW 90 ST  
Suite, Apt. #, etc.  
S-101

☒ CHECK HERE IF MAKING CHANGES

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33186

Country  
DADE

Zip  
33186

Country  
DADE

4. FEI Number 65-0736811

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SANCHEZ, JACQUELINE  
7810 SW 120 PL.  
MIAMI FL 33183

7. Name and Address of New Registered Agent  
Name: SANCHEZ, JACQUELINE  
Street Address (P.O. Box Number is Not Acceptable)  
11755 SW 90 ST S-101  
City: MIAMI FL Zip Code: 33186

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 \_\_\_\_\_ DATE 7/25/03.  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, JACQUELINE 7810 SW 120 PL. MIAMI FL 33183 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, JACQUELINE 7810 SW 120 PL. MIAMI FL 33183 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACQUELINE SANCHEZ 11755 SW 90 ST S-101 MIAMI, FL. 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACQUELINE SANCHEZ 11755 SW 90 ST S-101 MIAMI, FL. 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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 other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/25/03. (305) 275-0755  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)