

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90032 040 ***163.75

CR2E034 (9/01)

DOCUMENT # P97000034189

1. Entity Name
TITLE SERVICES DEPOT, INC.

Principal Place of Business

7860 N.W. 71ST STREET
MIAMI FL 33166

Mailing Address

7860 N.W. 71ST STREET
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7860 NW 71 St.
Suite, Apt. #, etc. #301

3. Mailing Address

7860 NW 71 St.
Suite, Apt. #, etc. #301

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0744393

Applied For

Not Applicable

Zip

Country

33166

USA

Zip

Country

33166

USA

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

6. Name and Address of Current Registered Agent

MORALES, MARTA
7860 NW 71ST STREET STE 301
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **Josefina Perez-Corinno P.A.**

Street Address (P.O. Box Number is Not Acceptable) **7860 NW 71 St. #301**

City **Miami**

FL

Zip Code **33166**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **PDVS** ☐ **Delete**
NAME **RUIZ, MARLENE M**
STREET ADDRESS **17315 S.W. 8TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **T** ☐ **Delete**
NAME **RUIZ, MARLENE M**
STREET ADDRESS **17315 S.W. 8TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/2002 305-513-5833