

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90097 031 ***150.00

DOCUMENT # P97000034189

1. Entity Name

TITLE SERVICES DEPOT, INC.



Principal Place of Business

~~7860 N.W. 71ST STREET~~
~~#301~~
~~MIAMI FL 33166~~

Mailing Address

~~7860 N.W. 71ST STREET~~
~~#301~~
~~MIAMI FL 33166~~

2. Principal Place of Business

1470 NW 107 Ave

3. Mailing Address

1470 NW 107 Ave

Suite, Apt. #, etc.

#D

Suite, Apt. #, etc.

#D

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

Miami-Dade

Zip

33172

Country

Miami-Dade

6. Name and Address of Current Registered Agent

JOSEFINA PEREZ-COFINIO P.A.

~~7860 NW 71ST STREET CRL 001~~
~~MIAMI FL 33166~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

807 SW 25 Ave #210

City

Miami

FL

Zip Code

33135

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

Josefina Perez-Cofinio P.A.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 PDVS
NAME RUIZ, MARLENE M ☐ Delete
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDVS
NAME RUIZ, Marlene M. ☒ Change ☐ Addition
STREET ADDRESS 3701 SW 137 Ave
CITY-ST-ZIP Miramar, FL 33027

TITLE T ☒ Change ☐ Addition
NAME RUIZ, Marlene M.
STREET ADDRESS 3701 SW 137 Ave
CITY-ST-ZIP Miramar, FL 33027

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/03 305-513-3833

CR2E034 (10/02)