

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

04-18-2003 90194 033 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000043839 1. Entity Name ALL DADE CLOSING SERVICES, INC.					
Principal Place of Business 9220 S.W. 72ND STREET SUITE 204 MIAMI, FL 33173			Mailing Address 9220 S.W. 72ND STREET SUITE 101 MIAMI, FL 33173		
2. Principal Place of Business <i>10281 SW 72nd Street</i> Suite, Apt. #, etc. <i>Suite 106</i> City & State <i>Miami, FL</i> Zip <i>33173</i> Country <i>USA</i>			3. Mailing Address <i>10281 SW 72nd Street</i> Suite, Apt. #, etc. <i>Suite 106</i> City & State <i>Miami, FL</i> Zip <i>33173</i> Country <i>USA</i>		
☐ CHECK HERE IF MAKING CHANGES					
4. FEI Number 85-0753523			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FABIAN, RAFAEL ESQ 9220 S.W. 72ND STREET SUITE 204 MIAMI, FL 33173			7. Name and Address of New Registered Agent Name <i>FABIAN, RAFAEL ESQ</i> Street Address (P.O. Box Number is Not Acceptable) <i>10281 SW 72nd Street</i> <i>Suite 106</i> City <i>Miami</i> FL Zip Code <i>33173</i>		
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 _____ (Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent Signature required when withdrawing))					
FILE NOW WITH 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	VSD	☐ Delete	TITLE	VSD	☒ Change ☐ Addition
NAME	FABIAN, MARIO S		NAME	FABIAN, MARIO S	
STREET ADDRESS	9220 SW 72TH STREET, SUITE 204		STREET ADDRESS	10281 SW 72nd Street, Ste 106	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami, FL 33173	
TITLE	PTD	Delete	TITLE	PTD	Change Addition
NAME	FABIAN, RAFAEL		NAME	FABIAN, RAFAEL	
STREET ADDRESS	9220 SW 72ND STREET, STE 204		STREET ADDRESS	10281 SW 72nd Street, Ste 106	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	Miami, FL 33173	
TITLE		Delete	TITLE		Change Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE		Change Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE		Change Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 reports is true and correct, 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like amendments.					
SIGNATURE: _____ DATE: <i>4/14/03</i> (301) 598-0829 SIGNATURE AND TYPED OR PRINTED NAME OF KNOWING OFFICER OR DIRECTOR					

CR2034 (10/02)