	2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000071155 I. Entity Name FIRST HOME TITLE OF MIAMI, INC.					FILED Feb 15, 2000 8:00 an Secretary of State 02-15-2000 90019 039 ***150.00		
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10 20 33.726 CPEXA s. Certification of Status Desired 58.75 Additional Fee Requiring 33.726 County 33.726 CPEXA s. Certificatio of Status Desired 58.75 Additional Fee Requiring MORRISON, ROBERTA H sobo S DADELAND BLVD SUITE 201 MIAMI FL 33156 Name and Additess of New Registered Agent Name and Additess of New Registered Agent Image: County State of Status Desired Streat Additess of New Registered Agent Name and Additess of New Registered Agent Image: County State of St		n/ Fl.			4.			
	Zip	Country	Zip	0°54	5.	Certificate of Status Desired	\$8.75 A	Iditional
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature spect or prices have drawn and text is applicable. Profile Registered agent and text is applicable. Profile Registered Specific Bigstered agent and text is applicable. Profile Registered Specific Bigstered agent and text is applicable. Profile Registered Specific Bigstered agent and text is applicable. Profile Registered Specific Bigstered Agent specific Bigstered Specific Bigs	9300	IISON, ROBERTA H S DADELAND BLVD SUITE 201	Hegistered Agent	Street Addre	<u>) <i>BC(</i></u> 55 (P.O. E	TA 17. MORR Box Number is Not Acceptable) SW 104 ST	150N	, , , , , , , , , , , , , , , , , , ,
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ME REET ADDRESS Y-ST-ZIP I. 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	ME REET ADDRESS		Delete	NAME STREET ADDRESS			Change	Addition
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	ME REET ADDRESS		C] Delete	NAME STREET ADDRESS			Change	Addition
changed, or on an attachment with an address, with all other like empowered.	indicated or of the corpo	n this report or supplemental report is pration or the receiver or trustee empo	true and accurate and that wered to execute this repor	my signature shall have t t as required by Chapter	ne same	legal effect as if made under oath; th	at I am an office	r or director