

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080934

1. Entity Name

PRIME TITLE SERVICES, INC.

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90583 037 ***150.00

Principal Place of Business

2121 PONCE DE LEON BLVD., STE. 505
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD., STE. 505
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

306 ALCAZAR AVE
Suite, Apt. #, etc.

SUITE 203
City & State

CORAL GABLES

Zip Country
FL 33134

3. Mailing Address

306 ALCAZAR AVE
Suite, Apt. #, etc.

SUITE 203
City & State

CORAL GABLES FL

Zip Country
33134 USA

4. FEI Number

65-0794428

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

306 ALCAZAR AVENUE #203

City

CORAL GABLES FL

Zip Code

33134

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D LARRIEU, SILVIA L
STREET ADDRESS 2121 PONCE DE LEON BLVD., STE. 505
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
NAME D LARRIEU, SILVIA L
STREET ADDRESS 306 ALCAZAR AVENUE #203
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

2-9-01

Date

Daytime Phone #

CR2E034 (10/00)