2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000085751

Entity Name: THE HARRISON TITLE GROUP, INC.

Apr 02, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6760 CORAL WAY 7500 NW 25TH STREET 109

100

MIAMI, FL 33155 MIAMI, FL 33122

Current Mailing Address: New Mailing Address:

7500 NW 25TH STREET 6760 CORAL WAY

MIAMI, FL 33155 US MIAMI, FL 33122 US

FEI Number: 65-0786451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FIFUEROA, ZUNILDA FIGUEROA, ZUNILDA 6760 CORÁL WAY, 7500 NW 25TH STREET SUITE 100 109 MIAMI, FL 33155 MIAMI, FL 33122 US

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: ZUNILDA FIGUEROA 04/02/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

FIGUEROA, ZUNILDA FIGUEROA, ZUNILDA Name: Name: 2890 SW 19TH TERRACE 7400 SW 66TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33143

Title: (X) Delete Title: () Change () Addition

Name: GALIANA, MARGARITA Name: 5805 BLUE LAGOON DR STE 480 Address: Address: MIAMI, FL 33126 City-St-Zip: City-St-Zip:

(X) Delete Title: Title: VD. () Change () Addition

LOPEZ, JORGE Name: Name: 5805 BLUE LAGOON DR. STE 480 Address Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip:

Title: SD (X) Delete Title: () Change () Addition

ROIZ, VIVIAN Name: Name: Address: 5805 BLUE LAGOON DR STE 480 Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZUNILDA FIGUEROA PD 04/02/2002