

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90008 025 \*\*\*150.00

**DOCUMENT # P97000105241**

1. Entity Name  
**A.S.A.P. TITLE CORP.**

*R*

Principal Place of Business 1000 BRICKELL AVE STE 650 MIAMI FL 33131 US	Mailing Address 1000 BRICKELL AVE STE 650 MIAMI FL 33131 US
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2. Principal Place of Business 1000 Brickell Avenue Suite, Apt. #, etc. <i>6600</i>	3. Mailing Address 1000 Brickell Avenue Suite, Apt. #, etc. <i>6600</i>
City & State Miami FL	City & State Miami FL



DO NOT WRITE IN THIS SPACE

Zip <i>33131</i>	Country <i>US</i>	Zip <i>33131</i>	Country <i>US</i>
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4. FEI Number <b>65-0833028</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MACHADO, CARLOS M ESQ**  
**1000 BRICKELL AVE, STE 660**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MACHADO, CARLOS M</b> <b>1000 BRICKELL AVE, STE 660</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RODRIGUEZ, JUAN J</b> <b>1000 BRICKELL AVE, STE 660</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Secretary* 7/6/00 305-377-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P97000105241

ADD 67850

## **A.S.A.P. Title Corp.**

The 1000 Brickell Building  
1000 Brickell Avenue, Suite 660  
Miami, Florida 33131 - 3014  
Telephone (305) 377-3334  
Telefax (305) 377-1055

7 July 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: A.S.A.P. Title Corp.  
FEI Number: 65-0833028

To whom it may concern:

Enclosed I am attaching our 2000 Uniform Business Report and a check for \$150.00 made out to Department of State.

Please be advised that the second notice was hand delivered to our office on July 6, 2000 by our neighbors in our building. After reviewing the form, I realized that this was due by May 1, 2000. Unfortunately, I did not receive the first notice due to the mailing address and Principal Place of Business address are incorrect. Please note that these corrections have been made on the form for future reference.

Our correct address is:

A.S.A.P. Title Corp.  
1000 Brickell Avenue, Suite 660  
Miami, Florida 33131

If you have any questions or concerns, please feel free to contact me at your earliest convenience at (305) 377-1000. Thank you in advance for your prompt attention to this misunderstanding.

Cordially,

  
Kelly Mendoza  
Office Manager

STATE COLLECTOR OF REVENUE  
UNIFORM BUSINESS REPORTS  
TALLAHASSEE, FLORIDA 32302-1500  
TELEPHONE (904) 488-2000  
FAX (904) 488-2001