

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90221 003 ***150.00

DOCUMENT # P98000031906

1. Entity Name
GREAT COUNTRY TITLE SERVICES CORP.



Principal Place of Business
**2850 DOUGLAS ROAD
4TH FLOOR
MIAMI FL 33134**

Mailing Address
**2850 DOUGLAS ROAD
4TH FLOOR
MIAMI FL 33134**

2. Principal Place of Business

3. Mailing Address
c/o Ivan A. Gomez, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
601 Brickell Key Drive, #507

City & State

City & State
Miami, Florida

Zip

Country

Zip
33131

Country
USA

4. FEI Number
65-0825419

Applied For

Not Applicable

5. Certificate of Status Desired **XX** **\$8.75** Additional
Fee Required

XX CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COOPER, ANNA
2850 DOUGLAS ROAD 4TH FLOOR
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
IAG Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive, Suite 507
City
Miami FL Zip Code
33131

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.

IAG Corporate Services, Inc.

SIGNATURE BY: *[Signature]*
Signature typed or printed name of registered agent and title if applicable.
Ivan A. Gomez, President

(NOTE: Registered Agent signature required when reinstating)

3/26/03
DATE

FILE NOW!!! 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME
COOPER, ANNA
STREET ADDRESS
2850 DOUGLAS ROAD 4TH FLOOR
CITY-ST-ZIP
CORAL GABLES FL 33134

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

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

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 371-9213

Date

Daytime Phone #

CR2E034 (10/02)