

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90079 032 ***150.00

DOCUMENT # P98000035554

1. Entity Name
IMPERIAL TITLE & ESCROW CO.

Principal Place of Business

**941 W COMMERCIAL BLVD
FT. LAUDERDALE FL 33309**

Mailing Address

**941 W COMMERCIAL BLVD
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

5646 W. ATLANTIC BLVD
Suite, Apt. #, etc.

3. Mailing Address

5646 W. ATLANTIC BLVD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MARGATE, FL.

Zip
33063

Country
USA

City & State
MARGATE, FL.

Zip
33063

Country
USA

4. FEI Number
65-0831514

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PIRRO, SANIYE
2000 NE 52ND STREET
FORT LAUDERDALE FL 33308**

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

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, 2002 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

TITLE
D PRESIDENT ☐ Delete
NAME
PIRRO, SANIYE
STREET ADDRESS
2000 N 52ND STREET
CITY-ST-ZIP
FT. LAUDERDALE FL 33308

TITLE
T ☐ Delete
NAME
EGLI, ALI I
STREET ADDRESS
8109 SW 24TH ST
CITY-ST-ZIP
N. LAUDERDALE FL 33068

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: **PIRRO, SANIYE** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-02

CR2E034 (9/01)