

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90199 036 ***150.00

DOCUMENT # P98000044904

1. Entity Name
HOME TITLE SERVICES CORPORATION

Principal Place of Business
9350 SOUTHWEST 72ND STREET
SUITE 115
MIAMI FL 33173

Mailing Address
9350 SOUTHWEST 72ND STREET
SUITE 115
MIAMI FL 33173



2. Principal Place of Business
8900 SW 117 Avenue

3. Mailing Address
8900 SW 117 Avenue

Suite, Apt. #, etc.
Suite B104
City & State
Miami, FL

Suite, Apt. #, etc.
Suite B104
City & State
Miami, FL

DO NOT WRITE IN THIS SPACE

Zip
33186
Country
USA

Zip
33186
Country
USA

4. FEI Number **NOT APPLICABLE** **Applied For**
65-0836710 **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

ALMEIDA, RODNEY
9350 SW 72 ST
SUITE 115
MIAMI FL 33173

Name **Carlos A. Munoz**
Street Address (P.O. Box Number is Not Acceptable)
8900 SW 117th Avenue
Suite B104
City **Miami** **FL** **Zip Code** **33186**

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 **1/7/02**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ **Delete**
NAME **ALMEIDA, RODNEY**
STREET ADDRESS **9350 SOUTHWEST 72ND STREET**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **VSTD** ☒ **Change** ☐ **Addition**
NAME **Almeida, Rodney**
STREET ADDRESS **8900 SW 117th Ave, Ste B104**
CITY-ST-ZIP **Miami, FL 33186**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ **Change** ☒ **Addition**
NAME **Carlos A. Munoz**
STREET ADDRESS **8900 SW 117th Ave, Ste B104**
CITY-ST-ZIP **Miami, FL 33186**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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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

Date

Daytime Phone #

CR2E034 (9/01)