## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **P98000053993** 1. Entity Name PREFERRED TITLE SERVICES OF SOUTH FLORIDA, INC. 03-21-2000 90084 019 \*\*\*150.00 Principal Place of Business Mailing Address 13345 SW 124 BT 13315 SW-124-ST MIAMI FL 53185 HML#E.23189-6412 ~~~~~40Z 3. Mailing Address 2. Principal Place of Business 148555.W.100 An. 14355 S.W. 100 Ln DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0844557 MIAMI-FL MIAMI-Not Applicable 33186 Country Country \$8.75 Additional 5. Certificate of Status Desired MIAMI-DADE Fee Required MIAMI-DADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GODING, KARIM H Street Address (P.O. Box Number is Not Acceptable) 14355 SW 100 LN. MIAMI FL 33186 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **DPST** Addition Change TITLE Delete TITLE GODING, KARIM H NAME NAME STREET ADDRESS STREET ADDRESS 14355 S.W. 100 LANE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Change ☐ Addition ☐ Delete TITLE TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 explore their report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on a statechment with an address, with all other like amore wered. changed, or on an attachment with an address, with all off

SIGNATURE: