

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061092

1. Entity Name

INTEGRITY TITLE OF FT. LAUDERDALE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90208 043 ***150.00

Principal Place of Business

Mailing Address

3099 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308
US

3099 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308-4311
US

802358



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0854715**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PLATT, RONALD L
3099 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	PLATT, RONALD L	
STREET ADDRESS	2530 N.E. 33RD ST.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	BALISTRERI, JAMES M	
STREET ADDRESS	2520 N.E. 32ND CT.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BALISTRERI, JOSEPH E	
STREET ADDRESS	3311 N.E. 27TH AVE.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

RONALD L. PLATT, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/2000

489-3500