

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068405

1. Entity Name

FIRST FLORIDA TITLE COMPANY

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90183 046 \*\*\*150.00

Principal Place of Business

Mailing Address

7800 RED ROAD #203  
SOUTH MIAMI FL 33143

7800 RED ROAD #203  
SOUTH MIAMI FL 33145-3449

2. Principal Place of Business

3. Mailing Address

2490 Coral Way  
Suite, Apt. #, etc.  
Suite 401  
City & State  
Miami, FL  
Zip  
33145  
Country  
USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0868320

Applied For

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

GARCIA, GEORGE L. (ESQ)  
7800 RED ROAD #203  
SOUTH MIAMI FL 33143

presently  
Suspended  
w/ Florida BAR

Name

George L. Garcia

Street Address (P.O. Box Number is Not Acceptable)

2490 Coral Way  
#401

City

Miami

FL

Zip Code

33145

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 George L. Garcia

(NOTE: Registered Agent signature required when reinstating)

1-4-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD GARCIA, GEORGE L 7800 RED ROAD #203 SOUTH MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GROSS, LEE 7800 RED ROAD #203 SOUTH MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Garcia, George L. 2490 Coral Way #401 Miami, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Gross, Lee 2490 Coral Way #401 Miami, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

1-7-00 305/858-1814

CR2E034 (9/99)