

2000 UNIFORM BUSINESS REPORT (UBR)

05968

DOCUMENT # P98000084658

1. Entity Name

FLORIDA EXECUTIVE TITLE, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

780 NW LEJEUNE RD. STE 318
MIAMI FL 33126

Mailing Address

780 NW LEJEUNE RD. STE 318
MIAMI FL 33126

2. Principal Place of Business

9240 SW 72 ST

Suite, Apt. #, etc.
202

City & State
MIAMI, FL

Zip
33173

Country

3. Mailing Address

9240 SW 72 ST

Suite, Apt. #, etc.
202

City & State
MIAMI, FL

Zip
33173

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0869147

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARECES, M. JORGE
780 NW LEJEUNE RD, STE 318
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Soraya Ziyad

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

9240 SW 72 ST #202

City

MIAMI

FL

Zip Code
33173

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

Soraya Ziyad

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/8/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
ARECES, M. JORGE
780 NW LEJEUNE RD, STE 318
MIAMI FL 33126



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARECES, M. JORGE
780 NW LEJEUNE RD, STE 318
MIAMI FL 33126



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

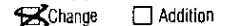


TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
SORAYA Ziyad
9240 SW 72 ST. #202
MIAMI, FL 33173



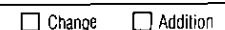
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SORAYA Ziyad
9240 SW 72 ST. #202
MIAMI, FL 33173



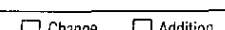
TITLE
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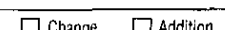
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TITLE
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CITY-ST-ZIP



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:

Soraya Ziyad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

Date

305-578-0003

Daytime Phone #

CR2E034 (9/99)

KE