

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089165

1. Entity Name

TITLEWORKS EXPRESS, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90008 041 ***150.00

Principal Place of Business

Mailing Address

1032 NW 133 COURT
MIAMI FL 33182

1032 NW 133 COURT
MIAMI FL 33182-2209

C0044360



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0870855

Applied For

Not Applicable

Zip

Country

Zip

Country

33182

33182

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

RUBIO, JENNIFER S
1032 NW 133 COURT
MIAMI FL 33182

Name

SENOR MIRIAM S.

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

13242 NW 10 Terr.

City

Miami

FL

Zip Code

33182

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 PD ☐ Delete
NAME RUBIO, MICHAEL P
STREET ADDRESS 13242 NW 10TH TERRACE
CITY-ST-ZIP MIAMI FL 33182

TITLE SD ☒ Change ☐ Addition
NAME RUBIO JENNIFER S
STREET ADDRESS 13242 NW 10 TERR
CITY-ST-ZIP MIAMI FL 33182

TITLE STD ☒ Delete
NAME RUBIO, JENNIFER S
STREET ADDRESS 1032 NW 133 COURT
CITY-ST-ZIP MIAMI FL 33182

TITLE STD ☒ Change ☒ Addition
NAME SENOR MIRIAM S
STREET ADDRESS 13242 NW 10 TERR
CITY-ST-ZIP MIAMI FL 33182

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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 #

MIRIAM SENOR 3/20/00 305 2079065

CR2E034 (9/99)