## **FILED**

## Feb 05, 2002 8:00 am Secretary of State

02-05-2002 90155 041 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P98000099730 DOCUMENT # 1. Entity Name WORLD-WIDE TITLE SERVICES COMPANY

Mailing Address

Principal Place of Business 9700 S DIXIE HWY.. SUITE 930

9700 S DIXIE HWY., SUITE 930

MIAM! FL 33156

MIAMI FL 33156

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



DO NOT WRITE IN THIS SPACE

City & State		City & State	City & State 4.		4. FEI Number 65-0889168	Applied For Not Applicable		
Zip	Country	Zip	Zip Country			8.75 Additional		
	i. Name and Address of Curr	ent Registered Agent			7. Name and Address of New Registered Ag	<u> </u>		
283 CATALON CORAL GABL		nt for the purpose of char	ging its registere	City	ess (P.O. Box Number is Not Acceptable)  FL gistered agent, or both, in the State of Florida.	Zip Code		
9. This corporation	ature, typed or printed name of registered a on is eligible to satisfy its Intang irement and elects to do so. In back)	gible FILE After Ma	NOW!!! FEE I	S \$150.00 vill be \$550	Trust rund Contribution.	\$5.00 May Be Added to Fees		
11	OFFICERS A	ND DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND D	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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11	OFFICE AND BITEOTORIE	7.55111011011011011011011011011111111111					
TITLE V NAME STREET ADDRESS CITY-ST-ZIP	D Delete  MANUEL PALLI, JOSE  9700 S DIXIE HWY., SUITE 930  MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition			
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TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change	Addition			

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 peoprt 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 employered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP