

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010707
Entry Name

IMPERIAL TITLE COMPANY

Principal Place of Business Mailing Address
10899 SUNSET DRIVE SUITE 202
MIAMI FL 33173

FILED
02 APR 24 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|----------------------|---------|----------------------------------|--|---|--|
| 1. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | | Applied For | |
| Suite, Apt., #, etc. | | Suite, Apt., #, etc. | | 65-0893-105 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| FIGUEIRAS WILLIAM 10899 SUNSET DRIVE SUITE 202 MIAMI FL. 33173 | | | | 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 *William Figueiras* WILLIAM FIGUEIRAS (Register Agent) 04/18/02
Signature, typed or printed name of registered agent and the fee 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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P. Alvarado Armando F. <input checked="" type="checkbox"/> Delete 10899 Sunset Drive Suite 202 Miami FL. 33175 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 900005388929--2 -04/30/02--01012--013 ****150.00 ****150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V. Filgueiras, Jose <input checked="" type="checkbox"/> Delete 10899 Sunset Drive Suite 202 Miami FL. 33175 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.T.S. Filgueiras Ivania <input type="checkbox"/> Delete 10899 Sunset Drive Suite 202 Miami FL. 33175 | 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"/> Delete | 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"/> Delete | 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"/> Delete | 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)(f), 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: *Ivania Filgueiras* Ivania Filgueiras PRESIDENT. 04/18/02 305-221-2888
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

02125014 (01/01)