FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90242 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90123546

DOCUMENT # P99000018264

1. Entity Name
MARKETABLE TITLE, INC.

Principal Place of Business	Mailing Address
8120 S.W. 28 TERRACE MIAMI, FL 33155	9100 S.W. 28 TERRACE MIAMI, FL 33165

2. Principal Place of Business	3. Mailing Address
4469 SW 75 AVE	4469 SW 75 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33155 Country: USA	Zip: 33155 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0904114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL PORTILLO, ARMANDO
9100 SW 28 TERRACE
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name: DEL PORTILLO, ARMANDO
Street Address (P.O. Box Number Is Not Acceptable): 4469 SW 75 AVE
City: MIAMI FL Zip Code: 33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Armando del Portillo 4-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	☐ Delete	TITLE	PSD	☒ Change ☐ Addition
NAME	DEL PORTILLO, ARMANDO		NAME	DEL PORTILO, ARMANDO	
STREET ADDRESS	9100 S.W. 28 TERRACE		STREET ADDRESS	4469 SW 75 AVE	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP	MIAMI, FL 33155	
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
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Armando del Portillo 4-29-03 305-262-5902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #