

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90081 027 ***150.00

DOCUMENT # P99000018293

1. Entity Name

US-TITUS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~1747 VAN BUREN ST., SUITE #740~~
~~HOLLYWOOD FL 33020~~

~~1747 VAN BUREN ST., SUITE #740~~
~~HOLLYWOOD FL 33020-5107~~
920 WASHINGTON ST
HOLLYWOOD, FL 33019

2. Principal Place of Business

3. Mailing Address

920 WASHINGTON STREET
 Suite, Apt. #, etc.

920 WASHINGTON
 Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

65-0903777

Applied For

Not Applicable

Zip

33019

Country

BROWARD

Zip

33019

Country

BROWARD

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

SEILER, WERNER
1747 VAN BUREN ST., SUITE #740
HOLLYWOOD FL 33020

Name
WAYNE HORWITZ, CPA
 Street Address (P.O. Box Number is Not Acceptable)
3511 WEST COMMERCIAL BLVD
SUITE 402
 City
FOOT LAUDERDALE **FL** Zip Code
33309

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)

3-6-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
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<input type="checkbox"/> Delete		<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)(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

3-29-00

Daytime Phone #

813-420-8124

CR2E034 (9/99)