

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031463

1. Entity Name

Greater American Title, Inc.

FILED

00 APR 28 AM 9:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

1051 West 29 Street
Suite 2
Hialeah, FL 33010

1051 West 29 Street
Suite 2
Hialeah, FL 33012-5057

2. Principal Place of Business

15327 N.W. 60 Ave
Suite, Apt. #, etc.
Ste. 245

3. Mailing Address

15327 N.W. 60 Ave.
Suite, Apt. #, etc.
Ste. 245

DO NOT WRITE IN THIS SPACE

City & State
Miami Lakes FL

City & State
Miami Lakes FL

4. FEI Number
65-0908766

Applied For
Not Applicable

Zip
33014

Country
U.S.A.

Zip
33014

Country
U.S.A.

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

Lamar, Elizabeth
3244 West 70 Terrace
Hialeah, FL 33018

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Lamar, Elizabeth
3244 West 70 Terrace
Hialeah, FL 33018 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition
01/18/00 90074 012

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(786) 639-0007

Daytime Phone #

CR2E034 (9/99)