

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 14, 2000 8:00 am  
Secretary of State  
03-14-2000 90033 002 \*\*\*150.00

DOCUMENT # P99000033584  
Entity Name  
TRUST TITLE INSURANCE, INC.

Principal Place of Business  
SW 140TH AVENUE  
FL 33175  
Mailing Address  
1624 SW 140TH AVENUE  
MIAMI FL 33175-7056

Principal Place of Business  
7955 NW 12 ST  
Suite, Apt. #, etc.  
Suite 111  
City & State  
Miami, FL  
Zip  
33126  
Country  
USA  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country



DO NOT WRITE IN THIS SPACE

FEI Number  
65-0925333  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
TOLL, MARIA ELENA  
1624 SW 140TH AVENUE  
MIAMI FL 33175

7. Name and Address of New Registered Agent  
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]*  
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D TOLL, MARIA ELENA 1624 SW 140TH AVENUE MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* MARIA ELENA TOLL (305) 599-1813  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)