

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90178 001 ***150.00

0297517 AV

DOCUMENT # P99000033584

1. Entity Name
TRUST TITLE INSURANCE AGENCY, INC.



Principal Place of Business
7855 NW 12 ST
STE 111
MIAMI FL 33126
US

Mailing Address
1624 SW 140 AVENUE
MIAMI FL 33175



2. Principal Place of Business
1985 N.W 88th
Suite, Apt. #, etc. 202

3. Mailing Address
1985 N.W 88th
Suite, Apt. #, etc. 202

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL
Zip 33172 Country

City & State
MIAMI FL
Zip 33172 Country

4. 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 MARIA E. TOLL
Street Address (P.O. Box Number is Not Acceptable)
1985 N.W 88 COURT- 202
City MIAMI FL Zip Code 33172

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 *[Signature]* DATE 4-23-03
(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	TOLL, MARIA ELENA	
STREET ADDRESS	1624 SW 140TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	JOHN A. TOLL	<input type="checkbox"/> Delete
NAME	JOHN A. TOLL	
STREET ADDRESS	1624 SW 140TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 305-599-1613

Date Daytime Phone #

CR2E034 (10/02)