

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035781

1. Entity Name

FLORIDA HERITAGE TITLE COMPANY

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90029 015 ***150.00

Principal Place of Business

6401 SW 87TH AVENUE
 SUITE 104
 MIAMI FL 33173

Mailing Address

6401 SW 87TH AVENUE
 SUITE 104
 MIAMI FL 33173-2520

2. Principal Place of Business

6401 SW 87 AVE

3. Mailing Address

6401 SW 87 AVE

Suite, Apt. #, etc.

SUITE 114

Suite, Apt. #, etc.

SUITE 114

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33173

Country

USA

Zip

33173

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

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

PEREZ, PEREZ JR.
 6401 SW 87TH AVENUE
 SUITE 104
 MIAMI FL 33173

Name

GEORGE ASIS FIAD, SR.

Street Address (P.O. Box Number is Not Acceptable)

6401 SW 70 TERRACE

City

MIAMI

FL

Zip Code

33143

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

George A. Fiad, Sr. *4/5/00*

4/26/2000

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when installing)

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	DVS	<input type="checkbox"/> Delete
NAME	ASIS FIAD, GEORGE JR.	
STREET ADDRESS	6401 SW 87TH AVENUE SUITE 104	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	P	<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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D.V.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE ASIS FIAD, SR.	Correction
STREET ADDRESS	6401 SW 87 AVE. #114,	
CITY-ST-ZIP	MIAMI, FL 33173-2520	
TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE M. PEÑA, ESQ.	
STREET ADDRESS	7700 N. KENDALL DRIVE # 515	
CITY-ST-ZIP	MIAMI, FL 33156	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

George A. Fiad, Sr. *4/26/00* *(305)270-6955*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)